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Form 990

Department of the TreasuryInternal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
AMERICAN CANCER SOCIETY INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)Room/suite

250 WILLIAMS STREET NW NO 400

City or town, state or province, country, and ZIP or foreign postal code
ATLANTA, GA 30303

F Name and address of principal officer:
GARY M REEDY
250 WILLIAMS STREET NW NO 400
ATLANTA, GA 30303

H(a) Is this a group return for subordinates?
☐ Yes ☒ No

H(b) Are all subordinates included?
☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶ 0580

D Employer identification number
13-1788491

E Telephone number
(800) 227-2345

G Gross receipts \$ 1,522,882,331

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.CANCER.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1922

M State of legal domicile: NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
THROUGH OUR SIX GEOGPRAHIC REGIONS, WE SAVE LIVES, CELEBRATE LIVES, AND FIGHT FOR A WORLD WITHOUT CANCER.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 39

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶136,788,594

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

Prior Year

Current Year

Beginning of Current Year

End of Year

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

2020-11-12
Date

KAEL REICIN CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's namePreparer's signatureDate

Check ☐ if self-employedPTIN P01598400

Firm's name ▶ ERNST & YOUNG US LLPFirm's EIN ▶ 34-6565596

Firm's address ▶ 55 IVAN ALLEN JR BLVD SUITE 1000
ATLANTA, GA 30308Phone no. (404) 874-8300

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282YForm 990 (2019)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

TO SAVE LIVES, CELEBRATE LIVES AND LEAD THE FIGHT FOR A WORLD WITHOUT CANCER.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a	(Code:) (Expenses \$	156,524,244	including grants of \$	106,960,691) (Revenue \$	15,663)
See Additional Data					

4b	(Code:) (Expenses \$	257,421,646	including grants of \$	40,778,408) (Revenue \$	705,631)
See Additional Data					

4c	(Code:) (Expenses \$	89,433,657	including grants of \$	6,480,694) (Revenue \$)
See Additional Data					

(Code:) (Expenses \$	62,060,901	including grants of \$	9,663,320) (Revenue \$)
DETECTION AND TREATMENT PROGRAMS ARE DIRECTED AT FINDING CANCER BEFORE IT IS CLINICALLY APPARENT AND PROVIDE INFORMATION AND EDUCATION ABOUT CANCER TREATMENTS FOR CURE, RECURRENCE, SYMPTOM MANAGEMENT AND PAIN CONTROL. DETECTION/TREATMENT EXPENSES INCLUDED ACTIVITIES SUCH AS OUR COMMUNITY GRANTS FOR BREAST AND COLORECTAL CANCER SCREENINGS, OUR BREAST CANCER AWARENESS PLATFORM AND GENERAL DETECTION AND TREATMENT EFFORTS.				

4d	Other program services (Describe in Schedule O.)			
(Expenses \$	62,060,901	including grants of \$	9,663,320) (Revenue \$)

4e	Total program service expenses ▶	565,440,448
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related—in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a Yes	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15 Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17 Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19 Yes	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	No	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1,226	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	81	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

Form **990** (2019)

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response or note to any line in this Part VI

☒

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	21	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent	21	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed▶

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, GU, HI, ID, IL, IN, IA, MI, MN, KS, KY, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VA, VI, VT, WA, WI, WV, WY

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:

▶Kael Reicin 250 Williams Street Ste 400 Atlanta, GA 30303 (404) 329-7934

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII ☐

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

[illegible]

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								5,855,330	142,520	1,748,517

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 322

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
KPMG LLP PO BOX 120511 DALLAS, TX 753120511	SYSTEM IMPLEMENTATION	16,563,104
TELLEPSSEN BUILDERS 777 BENMAR DRIVE 400 HOUSTON, TX 77060	CONSTRUCTION	12,848,171
MERKLE INC PO BOX 64897 BALTIMORE, MD 212644897	FUNDRAISING COUNSEL	8,709,122
ACUMEN SOLUTIONS INC 8280 GREENSBORO DRIVE SUITE 400 MCLEAN, VA 22102	SYSTEM INTEGRATION	4,634,037
BROADLEAF RESULTS INC 250 INTERNATIONAL DRIVE WILLIAMSVILLE, NY 14221	INDEPENDENT CONTRACT LABOR	4,532,459

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 313

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Part VIII Statement of Revenue											
Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>											
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .		1a	4,024,588							
	b Membership dues . . .		1b								
	c Fundraising events . . .		1c	269,282,408							
	d Related organizations		1d								
	e Government grants (contributions)		1e	4,270,948							
	f All other contributions, gifts, grants, and similar amounts not included above		1f	405,924,898							
	g Noncash contributions included in lines 1a - 1f:\$		1g	42,968,820							
	h Total. Add lines 1a-1f ▶						683,502,842				
Program Service Revenue			Business Code								
	2a EDUCATIONAL JOURNAL AD		541800			15,663		15,663			
	b										
	c										
	d										
	e										
	f All other program service revenue.										
	g Total. Add lines 2a-2f. ▶				15,663						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶					24,134,413		255,808	23,878,605		
	4 Income from investment of tax-exempt bond proceeds ▶										
	5 Royalties ▶					5,301,705			5,301,705		
			(i) Real	(ii) Personal							
	6a Gross rents	6a	1,033,457								
	b Less: rental expenses	6b	506,381								
	c Rental income or (loss)	6c	527,076								
	d Net rental income or (loss) ▶					527,076		-322,246	849,322		
			(i) Securities	(ii) Other							
	7a Gross amount from sales of assets other than inventory	7a	717,250,669	16,853,976							
	b Less: cost or other basis and sales expenses	7b	703,005,922	19,482,825							
	c Gain or (loss)	7c	14,244,747	-2,628,849							
	d Net gain or (loss) ▶					11,615,898			11,615,898		
	8a Gross income from fundraising events (not including \$ 269,282,408 of contributions reported on line 1c). See Part IV, line 18		8a	38,254,880							
	b Less: direct expenses		8b	38,254,880							
	c Net income or (loss) from fundraising events . . . ▶					0					
	9a Gross income from gaming activities. See Part IV, line 19		9a	1,127,678							
	b Less: direct expenses		9b	507,455							
	c Net income or (loss) from gaming activities . . . ▶					620,223			620,223		
	10a Gross sales of inventory, less returns and allowances . . .		10a	25,839,243							
	b Less: cost of goods sold . . .		10b	40,993,022							
	c Net income or (loss) from sales of inventory . . . ▶					-15,153,779			-15,153,779		
Miscellaneous Revenue			Business Code								
11a GRANT REFUND/RESIGNTN			900099			8,710,616			8,710,616		
b OTHER GAINS/(LOSSES)			900099			772,069	767,319	4,750			
c REGISTRATIONS			900099			85,120			85,120		
d All other revenue											
e Total. Add lines 11a-11d ▶						9,567,805					
12 Total revenue. See instructions ▶						720,131,846	767,319	-46,025	35,907,710		

Form 990 (2019)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	138,136,050	138,136,050		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	22,857,730	22,857,730		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	2,889,333	2,889,333		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,970,053	2,335,035	981,528	653,490
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	415,297	97,347	293,325	24,625
7 Other salaries and wages	262,806,541	188,586,510	9,798,127	64,421,904
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	7,229,515	5,304,752	216,146	1,708,617
9 Other employee benefits	36,602,860	26,640,572	1,429,813	8,532,475
10 Payroll taxes	19,138,518	13,873,789	735,102	4,529,627
11 Fees for services (non-employees):				
a Management	1,097,606	532,369	144,959	420,278
b Legal	5,427,048	2,632,268	716,739	2,078,041
c Accounting	543,850		543,850	
d Lobbying	3,036	1,473	401	1,162
e Professional fundraising services. See Part IV, line 17	13,837,251			13,837,251
f Investment management fees	2,501,047		2,501,047	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	28,548,642	22,035,186	2,955,054	3,558,402
12 Advertising and promotion	29,744,433	21,377,866	1,260,730	7,105,837
13 Office expenses	34,468,324	22,054,086	3,504,239	8,909,999
14 Information technology	25,255,948	20,051,298	454,320	4,750,330
15 Royalties				
16 Occupancy	46,300,955	40,545,306	91,438	5,664,211
17 Travel	12,709,408	9,007,693	324,941	3,376,774
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,351,898	3,327,757	706,504	1,317,637
20 Interest	1,096,251	703,391	130,040	262,820
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	14,830,908	13,052,984	148,160	1,629,764
23 Insurance	3,381,832	2,169,896	401,161	810,775
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PRINTING - EDU. & FUNDR	6,075,551	4,366,609	257,515	1,451,427
b MEDALS/RECOGNITION	1,490,166	956,140	176,767	357,259
c RECRUITMENT/RELOCATION	1,334,561	856,299	158,309	319,953
d STATE UBI TAX	24,405	24,405		
e All other expenses	2,617,651	1,024,304	527,411	1,065,936
25 Total functional expenses. Add lines 1 through 24e	730,686,668	565,440,448	28,457,626	136,788,594
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720).	136,414,377	96,434,955	4,862,196	35,117,226

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	63,089,707	2	88,291,803
	3 Pledges and grants receivable, net	85,327,830	3	71,764,248
	4 Accounts receivable, net	5,314,746	4	6,029,068
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	3,326,496	8	3,647,419
	9 Prepaid expenses and deferred charges	11,122,184	9	8,871,937
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 524,976,863		
	b Less: accumulated depreciation	10b 274,347,904		
	11 Investments—publicly traded securities	818,113,845	11	798,450,960
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	419,547,416	15	446,503,070
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,634,380,835	16	1,674,187,464	
Liabilities	17 Accounts payable and accrued expenses	250,565,099	17	279,592,429
	18 Grants payable	205,562,698	18	204,458,140
	19 Deferred revenue	5,371,490	19	2,201,222
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	33,186,691	23	31,521,638
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	47,171,191	25	41,737,021
	26 Total liabilities. Add lines 17 through 25	541,857,169	26	559,510,450
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	464,783,055	27	441,039,463
	28 Net assets with donor restrictions	627,740,611	28	673,637,551
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	1,092,523,666	32	1,114,677,014	
33 Total liabilities and net assets/fund balances	1,634,380,835	33	1,674,187,464	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	720,131,846
2	Total expenses (must equal Part IX, column (A), line 25)	2	730,686,668
3	Revenue less expenses. Subtract line 2 from line 1	3	-10,554,822
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,092,523,666
5	Net unrealized gains (losses) on investments	5	47,411,857
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-14,703,687
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,114,677,014

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:
Software Version:
EIN: 13-1788491
Name: AMERICAN CANCER SOCIETY INC

Form 990 (2019)

Form 990, Part III, Line 4a:

RESEARCH PROGRAMS PROVIDE FINANCIAL SUPPORT TO FUND AND CONDUCT RESEARCH INTO THE CAUSES OF CANCER; HOW IT CAN BE PREVENTED, DETECTED EARLY, AND TREATED SUCCESSFULLY; HOW TO IMPROVE THE QUALITY OF LIFE FOR PEOPLE LIVING WITH CANCER; AND TO ADVOCATE FOR LAWS AND POLICIES THAT HELP FURTHER CANCER RESEARCH. OUR RESEARCH PROGRAM EXPENSES INCLUDED BOTH OUR EXTRAMURAL RESEARCH GRANTS AND INTRAMURAL PROGRAM, WHICH INCLUDED OUR COMPREHENSIVE CANCER PREVENTION STUDY (CPS-3).

Form 990, Part III, Line 4b:

PATIENT SUPPORT PROGRAMS ASSIST CANCER PATIENTS AND THEIR FAMILIES IN AN EFFORT TO EASE THE BURDEN OF THE DISEASE FOR THEM. EXPENSES INCLUDED IN OUR SPECIFIC ASSISTANCE TO INDIVIDUALS ARE PATIENT SUPPORT PROGRAMS, SUCH AS OUR 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS A YEAR NATIONAL CANCER INFORMATION CENTER, AND OUR HOPE LODGE FACILITIES, WHICH PROVIDE FREE, HIGH QUALITY, TEMPORARY LODGING FOR PATIENTS AND THEIR CAREGIVERS CLOSE TO TREATMENT CENTERS, THEREBY EASING THE EMOTIONAL AND FINANCIAL BURDEN OF FINDING AFFORDABLE LODGING.

Form 990, Part III, Line 4c:

PREVENTION PROGRAMS PROVIDE THE PUBLIC AND HEALTH PROFESSIONALS WITH INFORMATION AND EDUCATION TO PREVENT CANCER OCCURRENCE AND TO REDUCE THE RISK OF DEVELOPING CANCER. PREVENTION EXPENSES INCLUDED ACTIVITIES SUCH AS OUR ONGOING ADVOCACY EFFORTS TO INCREASE CERTAIN STATE TOBACCO TAXES THROUGH OUR GRANTS TO AFFILIATES AND PROMOTING THE HUMAN PAPILLOMAVIRUS (HPV) VACCINATION IN ADDITION TO GENERAL PREVENTION WORK.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GARY M REEDY CHIEF EXECUTIVE OFFICER	55.00 6.00			X				937,478	85,225	68,326
SUSAN G HERRINGTON EVP, ENTERPRISE GOV. & CORP. SVCS	55.00 0.00					X		446,314	0	625,756
SHARON BYERS CHIEF DEVELOPMENT & MARKETING OFCR	55.00 0.00				X			720,953	0	45,821
CATHERINE E MICKLE CHIEF ADMINISTRATIVE OFFICER	55.00 1.00				X			545,602	8,945	273,297
JUNG H KIM EVP, NORTHEAST REGION	55.00 0.00					X		441,672	0	277,461
MICHAEL L NEAL SENIOR EVP, FIELD OPERATIONS	55.00 3.00				X			489,932	0	214,909
RICHARD C WENDER CHIEF CANCER CONTROL OFFICER	55.00 2.00				X			551,206	0	55,400
ROBERT L CRUTCHFIELD MANAGING DIR., BRIGHTEDGE VENTURES	55.00 0.00					X		567,662	0	31,657
ROBERT M KING CFO, OUTGOING	55.00 7.00			X				379,899	48,350	81,331
LEONARD LICHTENFELD DEPUTY CHIEF MEDICAL OFFICER	55.00 0.00					X		388,577	0	53,188

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JEFF D KLAAS EVP, WEST REGION	55.00 0.00					X		386,035	0	21,371
DANIEL P HEIST CPA CHAIR	5.00 4.00	X		X				0	0	0
JEFFREY L KEAN VICE CHAIR	5.00 0.00	X		X				0	0	0
CARMEN E GUERRA MD MSCEFACP BOARD SCIENTIFIC OFFICER	5.00 0.00	X		X				0	0	0
JOHN ALFONSO CPA CGMA SECRETARY/TREASURER	5.00 0.00	X		X				0	0	0
KEVIN J CULLEN MD IMMEDIATE PAST CHAIR	5.00 0.00	X		X				0	0	0
JOSEPH A AGRESTA JR DIRECTOR	3.00 0.00	X						0	0	0
BRUCE N BARRON DIRECTOR	3.00 0.00	X						0	0	0
EDWARD J BENZ MD FACP DIRECTOR	3.00 0.00	X						0	0	0
JENNIFER R CROZIER DIRECTOR	3.00 0.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARK A GOLDBERG MD DIRECTOR	3.00 0.00	X						0	0	0
GARETH T JOYCE DIRECTOR	3.00 0.00	X						0	0	0
AMIT KUMAR PHD DIRECTOR	3.00 0.00	X						0	0	0
MICHELLE M LE BEAU PHD DIRECTOR	3.00 0.00	X						0	0	0
BRIAN A MARLOW CFA DIRECTOR	3.00 0.00	X						0	0	0
MICHAEL T MARQUARDT DIRECTOR	3.00 1.00	X						0	0	0
MARGARET MCCAFFERY DIRECTOR	3.00 0.00	X						0	0	0
TERRI MCCLEMENTS DIRECTOR	3.00 0.00	X						0	0	0
JOSEPH M NAYLOR DIRECTOR	3.00 0.00	X						0	0	0
WILLIAM D NOVELLI DIRECTOR	3.00 0.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GREGORY L PEMBERTON ESQ DIRECTOR	3.00 0.00	X						0	0	0
GARY S SHEDLIN DIRECTOR	3.00 0.00	X						0	0	0

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
AMERICAN CANCER SOCIETY INC

Employer identification number
13-1788491

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	785,868,454	778,758,190	707,750,261	713,260,371	683,502,842	3,669,140,118
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3	785,868,454	778,758,190	707,750,261	713,260,371	683,502,842	3,669,140,118
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). .						
6	Public support. Subtract line 5 from line 4.						3,669,140,118

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .	785,868,454	778,758,190	707,750,261	713,260,371	683,502,842	3,669,140,118
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	30,250,909	33,859,688	30,563,004	29,913,366	30,469,575	155,056,542
9	Net income from unrelated business activities, whether or not the business is regularly carried on . . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						3,824,196,660
12	Gross receipts from related activities, etc. (see instructions)					12	358,781,407
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14 95.950 %
15	Public support percentage for 2018 Schedule A, Part II, line 14	15 96.150 %
16a	33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>	
b	33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
1		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3a		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4b		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5a		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
6		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9a		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9b		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10a		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
10b		

Part IV

Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1 <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:
Software Version:
EIN: 13-1788491
Name: AMERICAN CANCER SOCIETY INC

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

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2019

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization AMERICAN CANCER SOCIETY INC	Employer identification number 13-1788491
---	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
Not over \$500,000	20% of the amount on line 1e.	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	
Over \$17,000,000	\$1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		17,162,578
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		183,211
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			17,345,789
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
SCHEDULE C, PART IV	RECOGNIZING THE POWER OF ADVOCACY TO ACCOMPLISH ITS MISSION, THE AMERICAN CANCER SOCIETY, INC. ("THE SOCIETY") SUPPORTS LIMITED LOBBYING ACTIVITIES PRIMARILY THROUGH GRANTS TO OTHER ORGANIZATIONS, INCLUDING THE AMERICAN CANCER SOCIETY CANCER ACTION NETWORK, INC. TO ACHIEVE EVIDENCE BASED POLICY AND LEGISLATION SOLUTIONS DESIGNED TO ELIMINATE CANCER AS A MAJOR HEALTH PROBLEM.

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
AMERICAN CANCER SOCIETY INC

Employer identification number
13-1788491

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II

Conservation Easements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 52283D

Schedule D (Form 990) 2019

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table:

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	95,773,353	101,152,733	113,549,288	111,244,190	115,902,123
b Contributions	1,401,610	1,224,905	632,427	647,473	835,482
c Net investment earnings, gains, and losses	14,365,545	-1,725,475	18,678,493	6,691,949	-932,027
d Grants or scholarships	0	0	0	0	0
e Other expenditures for facilities and programs	4,550,054	4,878,810	31,707,475	5,034,999	4,561,388
f Administrative expenses	0	0	0	0	0
g End of year balance	106,990,454	95,773,353	101,152,733	113,548,613	111,244,190

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a

Board designated or quasi-endowment ▶ 0 %

b

Permanent endowment ▶ 100.000 %

c

Temporarily restricted endowment ▶ 0 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

3b

Yes

No

4

Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		22,768,425		22,768,425
b Buildings		283,683,030	132,744,848	150,938,182
c Leasehold improvements		55,959,299	42,949,978	13,009,321
d Equipment		106,307,939	93,817,374	12,490,565
e Other		56,258,170	4,835,704	51,422,466
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				250,628,959

Schedule D (Form 990) 2019

Part VII

Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII

Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶		

Part IX

Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) PLANNED GIVING ASSETS	85,390,911
(2) BENEFICIAL INTERESTS IN TRUSTS	355,309,050
(3) OTHER RECEIVABLES	5,803,109
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	446,503,070

Part X

Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	41,737,021

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Schedule D (Form 990) 2019

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	830,152,282
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	47,411,857
b	Donated services and use of facilities	2b	13,556,580
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	57,762,615
e	Add lines 2a through 2d	2e	118,731,052
3	Subtract line 2e from line 1	3	711,421,230
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	8,710,616
c	Add lines 4a and 4b	4c	8,710,616
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	720,131,846

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	759,909,185
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	13,556,580
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	24,376,553
e	Add lines 2a through 2d	2e	37,933,133
3	Subtract line 2e from line 1	3	721,976,052
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	8,710,616
c	Add lines 4a and 4b	4c	8,710,616
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	730,686,668

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 13-1788491
Name: AMERICAN CANCER SOCIETY INC

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	THE FILING ORGANIZATION MAINTAINS ENDOWMENT FUNDS IN PERPETUITY. DISTRIBUTIONS FROM THE INVESTMENT EARNINGS OF THE ENDOWMENT FUNDS ARE MADE IN ACCORDANCE WITH THE FILING ORGANIZATION'S SPENDING POLICY. THESE DISTRIBUTIONS ARE USED FOR THE FILING ORGANIZATION'S MISSION IN ACCORDANCE WITH ANY APPLICABLE DONOR RESTRICTIONS.

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	REVENUE OF AFFILIATES 24,221,787. CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 33,540,828.

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	GRANT REFUNDS/RESIGNATIONS 8,710,616.

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	EXPENSE OF AFFILIATES 24,376,553.

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	GRANT REFUNDS/RESIGNATIONS 8,710,616.

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
AMERICAN CANCER SOCIETY INC

Employer identification number
13-1788491

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	0	0			1,513,049
b Total from continuation sheets to Part I	0	0			3,600,379
c Totals (add lines 3a and 3b)	0	0			5,113,428

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

[illegible]

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

44

3 Enter total number of other organizations or entities ▶

Part III	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
-----------------	---

Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* ☒ Yes ☐ No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2:	ORGANIZATION'S PROCEDURES FOR MONITORING USE OF GRANT FUNDS OUTSIDE THE US THE SOCIETY MONITORS AND CONDUCTS AN EVALUATION OF OPERATIONS UNDER EACH GRANT. THIS MONITORING MAY INCLUDE VISITS BY REPRESENTATIVES OF THE SOCIETY TO OBSERVE GRANTEE'S PROGRAM PROCEDURES AND OPERATIONS AND TO EVALUATE THE PROGRAM WITH GRANTEE'S PERSONNEL, OR BY THE SOCIETY RECEIVING BENCHMARKING GRANT REPORTS. THE SOCIETY ALSO CONDUCTS FINANCIAL MONITORING OF GRANTEES. GRANT AGREEMENTS GENERALLY REQUIRE GRANTEES TO PROVIDE NARRATIVE AND FINANCIAL REPORTS CONTAINING DETAILED INFORMATION ABOUT GRANT ACTIVITIES: (1) INTERIM NARRATIVE AND FINANCIAL REPORTS AT THE MIDPOINT OF THE GRANT; AND (2) FINAL NARRATIVE AND FINANCIAL REPORTS WITHIN 60 DAYS OF EXPIRATION, REPAYMENT OR TERMINATION OF THE GRANT. NOTED WITHIN THE GRANT AGREEMENTS, THE SECOND PAYMENT WON'T BE RELEASED UNTIL SATISFACTORY REVIEW OF THE INTERIM NARRATIVES AND FINANCIAL REPORTS AND A SUCCESSFUL PERFORMANCE AUDIT REPORT. ALL GRANT REPORTING FORMS REQUIRE THE SIGNATURE OF THE PERSON PREPARING THE REPORTS AS CERTIFICATION THAT THE PROGRAM ACTIVITIES DID OCCUR. TWO OF THE TEAMS HAVE STARTED CONDUCTING PERFORMANCE AUDITS BY AN EXTERNAL AUDITOR ON MOST OF OUR GRANTEES/GRANTS.

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

Additional Data

Software ID:

Software Version:

EIN: 13-1788491

Name: AMERICAN CANCER SOCIETY INC

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE	0	0	PROGRAM SERVICES	GLOBAL CANCER ADVOCACY	52,467
EUROPE	0	0	PROGAM SERVICES	TOBACCO CESSATION INITIATIVES	1,262

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	0	0	PROGRAM SERVICES	GLOBAL CANCER ADVOCACY	1,000
SOUTH AMERICA	0	0	PROGRAM SERVICES	GLOBAL CANCER ADVOCACY	42,093

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AMERICA	0	0	PROGAM SERVICES	TOBACCO CESSATION INITIATIVES	58,736
ASIA	0	0	PROGRAM SERVICES	GLOBAL CANCER ADVOCACY	23,831

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
AFRICA	0	0	PROGAM SERVICES	GLOBAL CANCER ADVOCACY	721,059
AFRICA	0	0	PROGRAM SERVICES	HEALTH EQUITY INITIATIVES	612,601

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
AFRICA	0	0	PROGRAM SERVICES	TOBACCO CESSATION INITIATIVES	128,803
AFRICA	0	0	PROGRAM SERVICES	PAIN INITIATIVES	664,859

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
AFRICA	0	0	PROGRAM SERVICES	PARTNERSHIPS	4,443
EUROPE	0	0	GRANTMAKING		208,153

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
AFRICA	0	0	GRANTMAKING		2,137,073
NORTH AMERICA	0	0	GRANTMAKING		100,295

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AMERICA	0	0	GRANTMAKING		234,199
ASIA	0	0	GRANTMAKING		122,554

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	GLOBAL CANCER ADVOCACY	75,000	WIRE			
		EUROPE	GLOBAL CANCER ADVOCACY	25,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	GLOBAL CANCER ADVOCACY	20,000	WIRE			
		EUROPE	GLOBAL CANCER ADVOCACY	78,153	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	GLOBAL CANCER ADVOCACY	10,000	WIRE			
		AFRICA	HEALTH EQUITY INITIATIVES	135,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		AFRICA	HEALTH EQUITY INITIATIVES	25,054	WIRE			
		AFRICA	HEALTH EQUITY INITIATIVES	37,654	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		AFRICA	HEALTH EQUITY INITIATIVES	39,056	WIRE			
		AFRICA	HEALTH EQUITY INITIATIVES	36,446	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		AFRICA	HEALTH EQUITY INITIATIVES	34,552	WIRE			
		AFRICA	HEALTH EQUITY INITIATIVES	32,810	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		AFRICA	GLOBAL CANCER ADVOCACY	36,000	WIRE			
		AFRICA	GLOBAL CANCER ADVOCACY	903,419	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		AFRICA	GLOBAL CANCER ADVOCACY	21,750	WIRE			
		AFRICA	GLOBAL CANCER ADVOCACY	60,067	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		AFRICA	GLOBAL CANCER ADVOCACY	160,214	WIRE			
		AFRICA	GLOBAL CANCER ADVOCACY	20,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		AFRICA	GLOBAL CANCER ADVOCACY	50,850	WIRE			
		AFRICA	PAIN INITIATIVES	13,197	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		AFRICA	PAIN INITIATIVES	85,140	WIRE			
		AFRICA	PAIN INITIATIVES	89,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		AFRICA	PAIN INITIATIVES	62,965	WIRE			
		AFRICA	PAIN INITIATIVES	14,026	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		AFRICA	PAIN INITIATIVES	96,371	WIRE			
		AFRICA	PAIN INITIATIVES	27,200	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		AFRICA	PAIN INITIATIVES	23,619	WIRE			
		AFRICA	PAIN INITIATIVES	8,500	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		AFRICA	POLITICAL ECONOMIC TOBACCO FARMING	8,640	WIRE			
		AFRICA	POLITICAL ECONOMIC TOBACCO FARMING	19,764	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		AFRICA	POLITICAL ECONOMIC TOBACCO FARMING	14,124	WIRE			
		AFRICA	POLITICAL ECONOMIC TOBACCO FARMING	75,249	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	TOBACCO CESSATION INITIATIVES	75,000	WIRE			
		NORTH AMERICA	TOBACCO CESSATION INITIATIVES	7,192	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	TOBACCO CESSATION INITIATIVES	18,103	WIRE			
		SOUTH AMERICA	TOBACCO CESSATION INITIATIVES	39,394	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	TOBACCO CESSATION INITIATIVES	47,529	WIRE			
		SOUTH AMERICA	TOBACCO CESSATION INITIATIVES	54,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	J HOPKINS TOBACCO MEXICO BRAZIL	9,909	WIRE			
		SOUTH AMERICA	J HOPKINS TOBACCO MEXICO BRAZIL	39,455	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	GLOBAL CANCER ADVOCACY	41,409	WIRE			
		ASIA	TOBACCO CESSATION INITIATIVES	9,722	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		ASIA	TOBACCO CESSATION INITIATIVES	81,411	WIRE			
		ASIA	GLOBAL CANCER ADVOCACY	31,421	WIRE			

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As Filed Data -

DLN: 93493317075180

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
AMERICAN CANCER SOCIETY INC

Employer identification number
13-1788491

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☒ Mail solicitations

e

☒ Solicitation of non-government grants

b

☒ Internet and email solicitations

f

☒ Solicitation of government grants

c

☒ Phone solicitations

g

☒ Special fundraising events

d

☒ In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes ☐ No

b

If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
MERKLE GROUP INC 7001 COLUMBIA GATEWAY DRIVE COLUMBIA, MD 21046	DIRECT MAIL		No	41,616,125	10,002,600	31,613,525
PMX AGENCY LLC 5 HANOVER SQUARE 6TH FLOOR NEW YORK, NY 10004	DIRECT MAIL		No	2,207,732	1,321,702	886,030
ADVANCED REMARKETING SERVICES 116 JOHNNY CAKE HILL MIDDLETON, RI 02842	RECEIVING/SELLING DONATED CARS	Yes		2,121,987	391,593	1,730,394
GOLF TOURNAMENT ASSOCIATION 19224 N 78TH AVE 470 FIRST ON DRIV GLENDALE, AZ 85308	SPORTS ALLIANCES		No	663,023	56,278	606,744
CASWELL ZACHRY GRIZZARD LLC 6301 GASTON AVE 715 DALLAS, TX 75214	PLANNED GIVING STRATEGY		No	0	1,014,502	0
CHARITY DYNAMICS LLC 4301 GUADALUPE ST AUSTIN, TX 78751	GENERAL DEVELOPMENT		No	0	56,947	0
DINI SPHERIS INC 2727 ALLEN PARKWAY STE 1650 HOUSTON, TX 77019	FUNDRAISING COUNSEL		No	0	152,961	0
MR STRATEGIC SERVICES INC 2120 L STREET MW 6TH FLOOR WASHINGTON, DC 20037	ONLINE STRATEGY		No	0	427,466	0
VERITUS GROUP 838 EAST HIGH ST 292 LEXINGTON, KY 40502	MAJOR GIFTS		No	0	413,202	0
Total				46,608,867	13,837,251	34,836,693

3

List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, IN, KS, KY, LA, ME, MD, MA, MI, MN, MS, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat. No. 50083H

Schedule G (Form 990 or 990-EZ) 2019

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		RELAY FOR LIFE (event type)	MSBAC (event type)	563 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	156,399,187	52,137,528	99,000,573	307,537,288
	2 Less: Contributions	144,362,372	47,309,267	77,610,769	269,282,408
	3 Gross income (line 1 minus line 2)	12,036,815	4,828,261	21,389,804	38,254,880
Direct Expenses	4 Cash prizes	0			
	5 Noncash prizes	2,178,703	145,266	496,724	2,820,693
	6 Rent/facility costs	245,462	1,953,718	1,718,644	3,917,824
	7 Food and beverages	701,763	80,007	6,804,860	7,586,630
	8 Entertainment	952,190	242,111	3,368,336	4,562,637
	9 Other direct expenses	7,958,696	2,407,159	9,001,241	19,367,096
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				38,254,880
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				0

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue	1 Gross revenue	132,534		995,144	1,127,678
Direct Expenses	2 Cash prizes	33,528		27,862	61,390
	3 Noncash prizes			223,890	223,890
	4 Rent/facility costs	3,800		28,529	32,329
	5 Other direct expenses	22,312		167,534	189,846
	6 Volunteer labor	<input checked="" type="checkbox"/> Yes 95.000 % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 95.000 % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				507,455
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				620,223

9 Enter the state(s) in which the organization conducts gaming activities: See Additional Data Table

a Is the organization licensed to conduct gaming activities in each of these states? ☐ **Yes** ☒ **No**

b If "No," explain: SOME STATES DO NOT REQUIRE LICENSES; HOWEVER, WE ARE LICENSED WHERE REQUIRED.

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ **Yes** ☒ **No**

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? ☒ **Yes** ☐ **No**

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ **Yes** ☒ **No**

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	0 %
b An outside facility	13b	100.000 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ ANNETTA MARTIN

Address ▶ 250 WILLIAMS STREET NW SUITE 400 ATLANTA, GA 30303

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ **Yes** ☒ **No**

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ KAELE REICIN CFO

Gaming manager compensation ▶ \$ _____ 0

Description of services provided ▶ DIRECTOR/OFFICER

☒ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☒ **Yes** ☐ **No**
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 620,223

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
SCHEDULE G, PART I, LINE 2B	LIST CONTAINS PAID PROFESSIONAL FUNDRAISING COUNSEL. ADVANCED REMARKETING SERVICES COLLECTS ALL DONATIONS FOR THE CARS FOR A CURE PROGRAM AND REMITS CONTRIBUTIONS TO ACS, INC. NET OF PROFESSIONAL FUNDRAISING FEES AND OTHER THIRD PARTY SUBCONTRACTOR FEES. PROFESSIONAL FUNDRAISING FEES: \$163,725 OTHER THIRD PARTY SUBCONTRACTOR FEES: \$227,868 TOTAL FEES: \$391,593 MERKLE GROUP, INC. PROVIDES DATA SEGMENTATION FOR PLANNED GIVING PROGRAM, COMPLETES NINE DIRECT MAIL CAMPAIGNS AND FOUR EMAIL CAMPAIGNS. PROFESSIONAL FUNDRAISING FEES: \$2,449,262 PROFESSIONAL PRINTING SERVICES: \$6,650,825 POSTAGE: \$902,513 TOTAL FEES AND SERVICES: \$10,002,600 SCHEDULE G, PART II MAKING STRIDES AGAINST BREAST CANCER IS AN EVENT THAT RAISES AWARENESS FOR AND FIGHTS BACK AGAINST BREAST CANCER BY: -HELPING PEOPLE STAY WELL BY SHOWING WOMEN STEPS THEY CAN TAKE TO REDUCE THEIR BREAST CANCER RISK AND MAKE INFORMED DECISIONS ABOUT THEIR HEALTH. WE HELP WOMEN LEARN ABOUT HEALTHY LIFESTYLE CHOICES AND WHICH SCREENING TESTS, LIKE MAMMOGRAMS, ARE RIGHT FOR THEM. -HELPING PEOPLE GET WELL BY PROVIDING INFORMATION, DAY-TO-DAY HELP, AND EMOTIONAL SUPPORT. WHETHER IT'S HELPING PEOPLE MAKE INFORMED DECISIONS ABOUT THEIR CARE OR CONNECTING THEM WITH BREAST CANCER SURVIVORS, WE'RE HERE FOR THEM SO THEY CAN FOCUS ON FEELING BETTER. -FINDING CURES THROUGH RESEARCH TO HELP FIND THE CAUSES OF BREAST CANCER AND BETTER WAYS TO TREAT IT SO THAT MORE PEOPLE CAN SURVIVE THE DISEASE. WE HAVE BEEN AN IMPORTANT PART OF NEARLY EVERY MAJOR BREAST CANCER RESEARCH BREAKTHROUGH IN RECENT HISTORY, INCLUDING FUNDING THE DEVELOPMENT OF TAMOXIFEN AND HERCEPTIN AND USING MAMMOGRAMS TO SCREEN FOR BREAST CANCER. -FIGHTING BACK AGAINST BREAST CANCER BY WORKING WITH LAWMAKERS TO INCREASE FUNDING FOR BREAST CANCER SCREENING AND TREATMENT THROUGH OUR AFFILIATE, AND BY BRINGING COMMUNITIES TOGETHER THROUGH OUR MAKING STRIDES AGAINST BREAST CANCER EVENTS TO RAISE FUNDS AND AWARENESS TO FIGHT THE DISEASE. RELAY FOR LIFE IS AN EVENT THAT FOCUSES SUPPORT ON SURVIVORS WHO HAVE BATTLED OR ARE BATTLING THE DISEASE AND THE CAREGIVERS THAT GIVE THEIR SUPPORT TO THOSE FIGHTING CANCER. IT HONORS THOSE WHO HAVE BEEN LOST TO THE DISEASE TO AID IN HEALING AND HIGHLIGHT THE IMPORTANCE OF DEFEATING THE DISEASE. FINALLY, IT HELPS FIGHT BACK AGAINST THE DISEASE BY PARTICIPANTS MAKING A PERSONAL COMMITMENT TO SAVE LIVES BY TAKING UP THE FIGHT AGAINST CANCER. THIS COMMITMENT INVOLVES DOING SOMETHING SUCH AS GETTING A SCREENING TEST, QUITTING SMOKING OR TALKING TO ELECTED OFFICIALS ABOUT CANCER. BY TAKING ACTION, PEOPLE ARE PERSONALLY TAKING STEPS TO SAVE LIVES AND FIGHT BACK AGAINST THE DISEASE.

Additional Data

Software ID:

Software Version:

EIN: 13-1788491

Name: AMERICAN CANCER SOCIETY INC

Form 990 Schedule G Part III Line 9

Enter the state(s) in which the organization operates gaming activities:

AL, AZ, AR, CA, CT, FL, GA, IA, ID, IL, KS, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NJ, NV, OH, OK, OR, PA, SC, SD, TN, TX, VT, WV, WY

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
AMERICAN CANCER SOCIETY INC

Employer identification number

13-1788491

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 338

3 Enter total number of other organizations listed in the line 1 table ▶ 10

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) GUEST ROOM PROGRAM	58084	347,261	5,766,775	FMV	GUEST ROOMS
(2) TRANSPORTATION	39068	8,375,801			TRANSPORTATION
(3) WIGS	9181	253,369	6,709,878	FMV	WIGS
(4) OTHER	4429	879,032	525,614	FMV	OTHER PATIENT SUPPORT ITEMS
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2:	<p>RESEARCH GRANTS: IN ORDER TO MONITOR THE USE OF RESEARCH GRANTS, REPORTING IS REQUIRED BY THE RECIPIENT AT VARIOUS INTERVALS THROUGHOUT THE GRANT PERIOD. ANY REPORTING IS REVIEWED BY INTERNAL STAFF TO ENSURE PROPER USAGE. THE FOLLOWING PROCEDURES ARE PERFORMED TO MONITOR THE USE OF OUR RESEARCH GRANTS: PROGRESS REPORTS, BOTH NON-TECHNICAL AND SCIENTIFIC, ARE SUBMITTED EACH YEAR WITHIN SIX WEEKS OF THE FIRST AND SUBSEQUENT ANNIVERSARIES OF THE START DATE OF THE GRANT, AND FINAL REPORTS ARE DUE WITHIN SIX WEEKS AFTER THE GRANT HAS TERMINATED. THE SCIENTIFIC REPORT INCLUDES: (A) OBJECTIVE/HYPOTHESIS OF THE PROJECT, (B) THE PROGRESS MADE TOWARD SPECIFIC AIMS IN THE ORIGINAL APPLICATION, (C) THE RELEVANCE AND RESULTS TO PREVENTION, DIAGNOSIS, AND TREATMENT OF CANCER, (D) PUBLICATIONS SUBMITTED, AND (E) A LIST OF PATENTS GRANTED IF APPLICABLE. NON-TECHNICAL REPORTS ARE A SUMMARY OF PROGRESS IN THE LANGUAGE THAT A DONOR OR VOLUNTEER WITH NO SCIENTIFIC BACKGROUND WOULD UNDERSTAND. ANNUAL REPORTS AND FINAL REPORTS ARE REVIEWED BY APPROPRIATE AMERICAN CANCER SOCIETY STAFF. FINANCIAL REPORTS FOLLOWING THE TERMINATION DATE OF THE GRANT: INSTITUTIONS ARE REQUIRED TO FILE A FINAL REPORT OF EXPENDITURES. BOTH THE PRINCIPAL INVESTIGATOR AS WELL AS THE INSTITUTION'S FINANCIAL OFFICER MUST SIGN SUBMITTED REPORTS. IF A FINANCIAL REPORT REFLECTS AN UNEXPENDED BALANCE AT THE END OF THE GRANT PERIOD, THE INSTITUTION MUST RETURN THESE FUNDS TO THE SOCIETY. THE REPORT OF EXPENDITURES INCLUDES THE FOLLOWING: - SUMMARY OF EXPENDITURES DETAILED BY SALARIES, FRINGE BENEFITS, SUPPLIES, EQUIPMENT, TRAVEL, AND MISCELLANEOUS - INDIRECT COSTS -SIGNATURE OF UNIVERSITY/INSTITUTION FINANCIAL OFFICER AND INVESTIGATOR - SIGNATURE OF AMERICAN CANCER SOCIETY REVIEWER</p> <p>REPORTS OF EXPENDITURE FOR ALL RESEARCH AND HEALTH PROFESSIONAL TRAINING GRANTS ARE REVIEWED BY APPROPRIATE AMERICAN CANCER SOCIETY STAFF. REPORTS ARE REVIEWED FOR NUMERICAL ACCURACY, DISALLOWED EXPENDITURES, AND VERIFICATION THAT THE INDIRECT COST RATE IS APPLIED APPROPRIATELY. A GRANT ACCOUNT IS NOT CONSIDERED FINALIZED UNTIL ALL GRANT EXPENDITURES HAVE BEEN APPROVED AND ACCOUNTED FOR, INCLUDING THE RETURN OF ANY UNEXPENDED FUNDS OR OUTSTANDING PAYMENTS DUE. FOR NON-RESEARCH GRANTS THE SOCIETY FOLLOWS A NUMBER OF STANDARD PRACTICES TO MONITOR PERFORMANCE AND COMPLIANCE OF RECIPIENTS FOR NON-RESEARCH GRANTS. THE SOCIETY REQUIRES GRANTEEES TO SIGN A WRITTEN GRANT AGREEMENT SETTING FORTH THE TERMS AND CONDITIONS OF THE GRANT INCLUDING THE GRANT PURPOSE, AMOUNT, DURATION, PAYMENT SCHEDULE AND REPORTING REQUIREMENTS. NON-RESEARCH GRANT AGREEMENTS TYPICALLY PROVIDE FOR (1) DISBURSEMENT OF GRANT FUNDS IN INSTALLMENTS AND (2) INTERIM AND FINAL REPORTS CONTAINING INFORMATION ON PROGRESS TOWARD MEETING GRANT OBJECTIVES, ANY CHALLENGES ENCOUNTERED, AS WELL AS AN ACCOUNTING OF GRANT FUNDS EXPENDED. SOCIETY GRANT AGREEMENTS REQUIRE THAT ALL FUNDS NOT EXPENDED IN ACCORDANCE WITH THE TERMS OF THE GRANT BE RETURNED TO THE SOCIETY. THE SOCIETY ROUTINELY UTILIZES ADDITIONAL MONITORING TOOLS TO ENSURE GRANTEE PERFORMANCE IN ACCORDANCE WITH TERMS OF THE GRANT SUCH AS REGULAR TELEPHONE CONFERENCES WITH GRANTEEES REGARDING PROGRAM ACTIVITIES AND/OR SITE VISITS TO DIRECTLY OBSERVE PROGRAM OPERATIONS AND PERSONNEL. FACTORS SUCH AS THE SIZE OF AWARDS, THE COMPLEXITY OF THE COMPLIANCE REQUIREMENTS, RISK OF NON-COMPLIANCE BASED ON PAST PERFORMANCE, AND NATURE OF RECIPIENT MAY INFLUENCE THE TYPE AND EXTENT OF MONITORING REQUIREMENTS.</p>

Additional Data

Software ID:
Software Version:
EIN: 13-1788491
Name: AMERICAN CANCER SOCIETY INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADVENTHEALTH 601 E ALTAMONTE DRIVE ALTAMONTE SPRINGS, FL 32701	59-2219301	501(C)(3)	10,000				CANCER CONTROL
AFFINIA HEALTHCARE 1717 BIDDLE ST SAINT LOUIS, MO 63106	43-0817642	501(C)(3)	52,500				COLERECTAL HEALTH AND EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AGAPE COMMUNITY HEALTH CENTER 120 KING ST JACKSONVILLE, FL 32204	16-1660966	501(C)(3)	18,750				CANCER CONTROL
ALBERT EINSTEIN COLLEGE OF MED JACK PEARL RESNICK CAMPUS BELFER BUIDLING ROOM 1108 BRONX, NY 10461	47-2209056	501(C)(3)	660,000				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALL CARE HEALTH CENTER 902 S 6TH ST COUNCIL BLUFF, IA 51501	42-1466508	501(C)(3)	14,016				COLORECTAL HEALTH AND EDUCATION
ALLIANCE FOR CHILDHOOD DISEASE 3121 S MARYLAND PWY 601 LAS VEGAS, NV 89109	26-0286469	501(C)(3)	50,000				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN COLLEGE OF SURGEONS 633 N ST CLAIR ST CHICAGO, IL 606113211	36-2192800	501(C)(3)	1,101,250				RESEARCH AND CANCER CTRL
AMHERST H WILDER FOUNDATION 1295 BANDANA BLVD N ST PAUL, MN 55108	41-0693889	501(C)(3)	13,200				COLORECTAL HEALTH AND EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANTELOPE VALLEY HOSPITAL 1600 WEST AVENUE LANCASTER, CA 93534	95-2427465	501(C)(3)	5,000				CANCER CONTROL
AOSW 1 PARKVIEW PLAZA OAKBROOK TERRACE, IL 60181	13-3736895	501(C)(3)	6,000				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARCADIA UNIVERSITY 450 S EASTON RD GLENSIDE, PA 190383295	23-1352620	501(C)(3)	144,000				EXTRAMURAL RESEARCH GRANT
ARCTIC SLOPE NATIVE ASSOCIATION 7000 UULA ST BARROW, AK 99723	91-0873623	501(C)(3)	25,000				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARIZONA ONCOLOGY FOUNDATION 2625 N CRAYCROFT RD STE 100 TUCSON, AZ 85712	27-4035615	501(C)(3)	5,000				TRANSPORTATION ASSISTANCE
ARKANSAS CANCER COALITION 10825 FINANCIAL CENTER PKWY LITTLE ROCK, AR 72211	20-5154377	501(C)(3)	5,000				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASPPHASSOC OF SCHOOLS AND PROGRAMS OF PUBLIC HEALTH 1900 M STREET NW WASHINGTON, DC 20036	45-3220718	501(C)(3)	15,000				TOBACCO CONTROL
ATRIUM HEALTH FOUNDATION 208 EAST BLVD CHARLOTTE, NC 28203	56-6060481	501(C)(3)	130,000				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AURORA UW ACADEMIC MED GROUP ON BEHALF OF WALKERS POINT CC 750 W VIRGINIA ST MILWAUKEE, WI 53234	39-1136738	501(C)(3)	20,000				EXTRAMURAL RESEARCH GRANT
AXESSPOINTE COMMUNITY HEALTH CENTERS INC 1400 S ARLINGTON ST AKRON, OH 44306	34-1735884	501(C)(3)	25,000				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BALTIMORE MEDICAL SYSTEM INC 3501 SINCLAIR LN BALTIMORE, MD 21213	52-1358241	501(C)(3)	18,750				CANCER CONTROL
BAPTIST HEALTH CARE FOUNDATION P O BOX 241647 MONTGOMERY, AL 36124	23-7281996	501(C)(3)	5,000				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSSIPPI 1100 BELK AVENUE OXFORD, MS 38655	62-1519754	501(C)(3)	5,000				TRANSPORTATION ASSISTANCE
BATON ROUGE GENERAL 8585 PICARDY AVE BATON ROUGE, LA 70809	72-1025017	501(C)(3)	5,000				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLZ HOUSTON, TX 77030	76-0481211	501(C)(3)	796,688				EXTRAMURAL RESEARCH GRANT
BEAUFORT JASPER HAMPTON COMP 1320 RIBAUT RD PORT ROYAL, SC 29935	57-0523586	501(C)(3)	10,000				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BECKMAN RESEARCH INSTITUTE OF THE CITY OF HOPE 1500 E DUARTE RD DUARTE, CA 91010	95-3432210	501(C)(3)	1,256,736				EXTRAMURAL RESEARCH GRANT
BETH ISRAEL DEACONESS MED CTR 303 BROOKLINE AVE E/BR 259 BOSTON, MA 02215	04-2103881	501(C)(3)	791,000				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLUE RIDGE COMM HEALTH SVCS 220 5TH AVE EAST HENDERSONVILLE, NC 28793	56-0794933	501(C)(3)	62,500				CANCER CONTROL
BLUE RIDGE MEDICAL CENTER ATTN CYNTHIA BOWMAN 4038 THOMAS NELSON HIGHWAY ARRINGTON, VA 22922	54-1222147	501(C)(3)	7,500				HPV AND CANCER CTRL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN WISCONSIN SYSTEM DRAWER 538 MILWAUKEE, WI 532780538	37-1625460	501(C)(3)	7,500				EXTRAMURAL RESEARCH GRANT
UNIVERSITY OF WISCONSIN FOUNDATION 21 NORTH PARK ST SUITE 6401 MADISON, WI 537151218	39-0743975	501(C)(3)	270,000				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOCA RATON REGIONAL HOSPITAL 745 MEADOWS RD BOCA RATON, FL 33486	59-1006663	501(C)(3)	24,000				EXTRAMURAL RESEARCH GRANT
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVE BOSTON, MA 02115	04-2774441	501(C)(3)	1,729,358				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOSTON MEDICAL CENTER 660 HARRISON AVE BOSTON, MA 02118	04-3314093	501(C)(3)	1,433,250				EXTRAMURAL RESEARCH GRANT
BOSTON UNIV SCHOOL OF MEDICINE P O BOX 28763 NEW YORK, NY 100878763	04-2103547	501(C)(3)	163,500				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIGHAM AND WOMENS HOSPITAL P O BOX 3887 BOSTON, MA 02241	04-2312909	501(C)(3)	1,005,500				EXTRAMURAL RESEARCH GRANT
BRIGHAM YOUNG UNIVERSITY A-261 ASB CAMPUS DRIVE PROVO, UT 84602	87-0217280	501(C)(3)	778,000				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROWNSVILLE COMMUNITY DEVELOPMENT CORP 592 ROCKAWAY AVE BROOKLYN, NY 11212	11-2544630	501(C)(3)	25,000				CANCER CONTROL
BUTLER CO COMMUNITY HEALTH CONSORTIUM 300 HIGH ST HAMILTON, OH 45011	31-1694200	501(C)(3)	25,000				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CABIN CREEK HEALTH SYSTEMS 5722 CABIN CREEK RD DAWES, WV 25054	55-0709223	501(C)(3)	140,000				CANCER CONTROL
CALIFORNIA COLORECTAL CANCER COALITION INC 1710 WEBSTER ST OAKLAND, CA 94612	95-3102332	501(C)(3)	25,000				IMPROVE HEALTHCARE SYSTEM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMBRIDGE HEALTH ALLIANCE FOUNDATION 230 HIGHLAND AVE SOMERVILLE, MA 02143	04-3320571	501(C)(3)	62,500				TOBACCO CONTROL
CAMC HEALTH EDUCATION & RESRCH INSTITUTE INC P O BOX 1547 CHARLESTON, WV 25326	55-0753754	501(C)(3)	100,000				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CAMPAIGN FOR TOBACCO - FREE KIDS 1917 W 103RD ST UNIT 5 CHICAGO, IL 60643	52-1969967	501(C)(3)	175,000				TOBACCO CONTROL
CANCER CENTERS OF SOUTHWEST OKLAHOMA 104 NW 31ST LAWTON, OK 73505	20-3315309	501(C)(3)	14,000				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CANCER RESOURCE CENTER 590 S DORA ST UKIAH, CA 95482	68-0357416	501(C)(3)	5,000				CANCER CONTROL
CANCER RESOURCE CENTER OF THE DESERT 44 S 8TH ST STE B-3 EL CENTRO, CA 92243	75-3206224	501(C)(3)	8,000				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CAPE COD HEALTHCARE FOUNDATION P O BOX 370 HYANNIS, MA 02601	04-2103600	501(C)(3)	92,016				EXTRAMURAL RESEARCH GRANT
CAPITOL CITY FAMILY HEALTH CENTER P O BOX 66156 BATON ROUGE, LA 70896	72-1395500	501(C)(3)	18,750				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARTI FOUNDATION INC 8901 CARTI WAY LITTLE ROCK, AR 72205	71-0569907	501(C)(3)	5,000				TRANSPORTATION ASSISTANCE
CASE WESTERN RESERVE UNIV 10900 EUCLID AVE CLEVELAND, OH 44106	34-1018992	501(C)(3)	34,589				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CEDARS SINAI MEDICAL CENTER 8700 BEVERLY BLVD W HOLLYWOOD, CA 90048	95-1644500	501(C)(3)	792,000				IMPROVE HEALTHCARE SYSTEM
CENTER FOR FAMILY HEALTH & EDUCATION 8727 VAN NUYS BLVD PANORAMA CITY, CA 91402	27-0224623	501(C)(3)	5,750				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL FLORIDA FAMILY HEALTH 4930 E LAKE MARY BLVD SANFORD, FL 32771	59-1741286	501(C)(3)	18,750				CANCER CONTROL
CHI FRANCISCAN-HARRISON MEDICAL CENTER 2520 CHERRY AVE REMERTON, WA 98310	91-0564491	501(C)(3)	8,800				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHI ST VINCENT CANCER CENTER 1455 HIGDON FERRY RD STE C HOT SPRINGS, AR 71913	71-0236913	501(C)(3)	5,000				TRANSPORTATION ASSISTANCE
CHICAGO FAMILY HEALTH CENTER 9119 S EXCHANGE AVE CHICAGO, IL 60617	36-2893854	501(C)(3)	17,963				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDRENS HOSPITAL OF PHILADELPHIA OFFICE OF SPONSORED RESEARCH 3501 CIVIC CENTER BLVD PHILADELPHIA, PA 19104	23-1352166	501(C)(3)	42,208				CANCER CONTROL
CHRISTIAN COMMUNITY HEALTH SERVICE 5 E LIBERTY ST CINCINNATI, OH 45202	31-1321054	501(C)(3)	17,550				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CIRCLE HEALTH SERVICES 12201 EUCLID AVE CLEVELAND, OH 44106	23-7078501	501(C)(3)	18,750				CANCER CONTROL
CITIZENS MEDICAL CENTER 2701 HOSPITAL DR VICTORIA, TX 77901	74-1698143	501(C)(3)	5,000				TRANSPORTATION ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY UNIV OF NEW YORK 365 5TH AVE NEW YORK, NY 10016	13-1988190	501(C)(3)	40,000				EXTRAMURAL RESEARCH GRANT
COASTAL FAMILY HEALTH CENTER P O BOX 939 LA MARQUE, TX 77568	74-1665318	OTHER	25,000				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CODMAN SQUARE HEALTH CENTER 637 WASHINGTON ST DORCHESTER, MA 02124	04-2678774	501(C)(3)	25,000				CANCER CONTROL
COLD SPRING HARBOR LABORATORY ONE BUNGTOWN ROAD COLD SPRING HARBOR, NY 11724	11-2013303	501(C)(3)	792,000				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLUMBIA UNIVERSITY 116TH BROADWAY NEW YORK, NY 10087	13-5598093	501(C)(3)	386,920				EXTRAMURAL RESEARCH GRANT
COMMUNITY FOUNDATION OF THE VIRGIN ISLANDS CFVI P O BOX 11790 ST THOMAS, VI 008014790	66-0470703	501(C)(3)	15,000				IMPROVE HEALTHCARE SYSTEM & FIN ASST.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH CARE 1019 PACIFIC AVE TACOMA, WA 98402	91-1349657	501(C)(3)	24,999				CANCER CONTROL
COMMUNITY HEALTH CARE INC 500 W RIVER DR DAVENPORT, IA 52801	42-1060724	501(C)(3)	41,970				COLORECTAL HEALTH AND EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH CENTERS OF PINELLAS 707 E DRUID RD CLEARWATER, FL 33756	59-2097521	501(C)(3)	15,750				HPV AND CANCER CTRL
COMMUNITY HEALTH CENTERS OF SOUTHEASTERN IOWA 1706 W AGENCY ROAD BURLINGTON, IA 52655	39-1908462	501(C)(3)	28,892				COLORECTAL HEALTH AND EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY MEDICAL CENTERS INC 7210 MURRAY DR STOCKTON, CA 95210	94-2437106	501(C)(3)	55,000				CANCER CONTROL
COOK CO HEALTH & HOSPITAL SYSTEM 1900 POLK ST CHICAGO, IL 60616	36-6006541	501(C)(3)	25,000				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COOPERATIVE EDUCATIONAL SERVICES AGENCY N19 W23131 PAUL RD PEWAUKEE, WI 53072	39-1483818	OTHER	7,500				RESEARCH AND CANCER CTRL
CROSS LUTHERAN CHURCH CROSS LUTHERAN ADULT CENTER 1821 N 16TH ST MILWAUKEE, WI 53205	39-0818678	501(C)(3)	7,500				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CURATORS OF UNIV OF MISSOURI UNIVERSITY OF MISSOURI AR P O BOX 807012 KANSAS CITY, MO 641807012	26-6440629	501(C)(3)	30,000				EXTRAMURAL RESEARCH GRANT
CURRY SENIOR CENTER 333 TURK ST SAN FRANCISCO, CA 94102	23-7362588	501(C)(3)	12,500				TOBACCO CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DANA FARBER CANCER INSTITUTE 450 BROOKLINE AVE BOSTON, MA 02215	04-2263040	501(C)(3)	1,419,326				RESEARCH AND BREAST EDU
DARTMOUTH-HITCHCOCK CLINIC 1 MEDICAL CTR DR LEBANON, NH 03756	22-2519596	501(C)(3)	583,000				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DELAWARE VALLEY COMMUNITY HEALTH 401 W ALLEGHENY AVE PHL, PA 19133	23-2077750	501(C)(3)	18,750				CANCER CONTROL
DENSE BREAST-INFO INC 375 CARLIS PATH 997 DEER PARK, NY 11729	47-2512636	501(C)(3)	25,000				COLORECTAL HEALTH AND EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DENVER HEALTH & HOSPITAL AUTHORITY P O BOX 17093 DENVER, CO 801270093	84-1343242	501(C)(3)	25,000				CANCER CONTROL
DISTRICT CLINIC HOLDINGS INC 1150 45TH ST WEST PALM BEACH, FL 33407	45-5591655	501(C)(3)	19,917				RESEARCH AND CANCER CTRL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIXIE REGIONAL MEDICAL CENTER 600 S MEDICAL CENTER SAINT GEORGE, UT 84790	000000000	501(C)(3)	5,000				CANCER CONTROL
DUBOIS COUNTY HEALTH DEPT 1187 S ST CHARLES ST JASPER, IN 47546	35-6000141	GOVT	21,450				HPV AND CANCER CTRL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUKE UNIVERSITY 2127 CAMPUS DR DURHAM, NC 27708	56-0532129	501(C)(3)	788,996				EXTRAMURAL RESEARCH GRANT AND TOBACCO
EAST CAROLINA UNIVERSITY SUITE 2900 GREENVILLE CENTER 2200 SUTH CHARLES BLVD GRENVILLE, NC 278584353	56-6093187	501(C)(3)	792,000				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAST LIBERTY FAMILY HEALTHCARE 7171 CHURCHLAND ST PITTSBURGH, PA 15206	25-1417228	501(C)(3)	25,000				CANCER CONTROL
EASTERN IOWA HEALTH CENTER 1201 RD AVE SE CEDAR RAPIDS, IA 52403	20-2405575	501(C)(3)	6,678				COLORECTAL HEALTH AND EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EL CENTRO DEL BARRIO INC DBA CENTROMED 3750 COMMERCIAL AVE SAN ANTONIO, TX 78221	74-1787031	501(C)(3)	15,000				HPV AND CANCER CTRL
EMANUEL CANCER CENTER 880 E TUOLUMNE RD TURLOCK, CA 95382	94-2281314	501(C)(3)	5,000				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMORY UNIVERSITY GRANTS 200 DOWMAND DR ATLANTA, GA 311935084	58-0566256	501(C)(3)	107,500				EXTRAMURAL RESEARCH GRANT
ERIE COUNTY MEDICAL CENTER 462 GRIDER ST BUFFALO, NY 14215	83-0382654	501(C)(3)	25,000				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY CARE HEALTH CENTER 401 HOLLY HILLS AVENUE SAINT LOUIS, MO 63111	23-7076112	501(C)(3)	20,500				CANCER CONTROL
FAMILY HEALTH CENTERS OF BALTIMORE 631 CHERRY HILL RD BALTIMORE, MD 21225	52-1118424	501(C)(3)	25,000				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY HEALTH CTR OF SAN DIEGO 823 GATEWAY CTR WAY SAN DIEGO, CA 92102	95-2833205	501(C)(3)	25,000				CANCER CONTROL
FETTER HEALTHCARE NETWORK 51 NASAU ST CHARLESTON, SC 294035513	57-0604703	501(C)(3)	10,000				HPV AND CANCER CTRL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA COMMUNITY HEALTH CENTER 5827 CORPORATE WAY WEST PALM BEACH, FL 33407	59-1671640	501(C)(3)	13,500				HPV AND CANCER CTRL
FOND DU LAC HUMAN SERVICES 927 TRETTEL LN CLOQUET, MN 55720	41-0965719	OTHER	25,000				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FORREST COUNTY GENERAL HOSPITAL P O BOX 6051 HIGHWAY 49 HATTIESBURG, MS 39401	64-6001587	501(C)(3)	5,000				TRANSPORTATION ASSISTANCE
FOUNDCARE INC 2330 S CONGO AVE WEST PALM BEACH, FL 33406	54-2083748	501(C)(3)	6,417				RESEARCH AND CANCER CTRL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRED HUTCHINSON CANCER RES CENTER P O BOX 19024 SEATTLE, WA 981091024	23-7156071	501(C)(3)	1,911,000				EXTRAMURAL RESEARCH GRANT
FRENCH HOSPITAL MEDICAL CANCER FOUNDATION 1911 JOHNSON AVE SAN LUIS OBISPO, CA 94301	20-3256125	501(C)(3)	10,000				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF CANCER RESEARCH 1800 M ST NW WASHINGTON, DC 20036	52-1983273	501(C)(3)	25,000				CANCER CONTROL
GASTON FAMILY HEALTH SERVICES 2000 EAST SECOND AVE GASTONIA, NC 28052	58-1958398	501(C)(3)	25,000				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GENESIS COMMUNITY HEALTH INC 2623 S SEACREST BLVD BOYT BCH, FL 33435	80-0374741	501(C)(3)	6,417				RESEARCH AND CANCER CTRL
GEORGE WASHINGTON UNIVERSITY 2121 STREET NW RM 601 WASHINGTON, DC 20052	53-0196584	501(C)(3)	792,000				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGIA GLOBAL HEALTH ALLIANCE INC 999 PEACHTREE STREET ATLANTA, GA 30309	81-2418919	501(C)(3)	10,000				CANCER CONTROL
GEORGIA STATE UNIVERSITY P O BOX 3999 ATLANTA, GA 303023999	58-1845423	501(C)(3)	14,329				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GERALD L IGNACE INDIAN HEALTH 930 W HISTORIC MITCHELL ST MILWAUKEE, WI 53204	39-1958089	501(C)(3)	57,500				CANCER CONTROL
GRANDVIEW MEDICAL CENTER AUXILARY 3670 GRANDVIEW PARKWAY SUITE 100 BIRMINGHAM, AL 35243	63-0789572	501(C)(3)	5,000				TRANSPORTATION ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER BADEN MEDICAL SERVICES 7450 ALBERT RD BRANDYWINE, MD 20613	52-0961414	501(C)(3)	25,000				CANCER CONTROL
GREATER WATERBURY YMCA 136 WEST MAIN ST WATERBURY, CT 06702	06-0646988	501(C)(3)	10,000				IMPROVE HEALTHCARE SYSTEM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRIFFIN HOSPITAL 130 DIVISION STREET DERBY, CT 06418	06-0647014	501(C)(3)	300,000				EXTRAMURAL RESEARCH GRANT
H LEE MOFFITT CANCER CENTER 12902 MAGNOLIA DR TAMPA, FL 33612	59-2451713	501(C)(3)	2,308,000				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HEALTH AFFAIRS 7500 OLD GEORGETOWN ROAD SUITE 600 BETHESDA, MD 208146133	53-0242962	501(C)(3)	5,000				TRANSPORTATION ASSISTANCE
HEALTH CONNECT SOUTH 1950 LAKE PARK DR SE SMYRNA, GA 30080	46-3967515	501(C)(6)	20,000				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTH PARTNERSHIP CLINIC 407 S CLAIRBORNE RD OLATHE, KS 66062	48-1115529	501(C)(3)	25,000				CANCER CONTROL
HEKTOEN INST LLC FUND 03840 2240 W OGDEN AVE FL 2 CHICAGO, IL 60612	36-2244897	501(C)(3)	32,163				BREAST EDUCATION AND HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HENNEPIN HEALTHCARE RESEARCH INSTITUTE 825 SOUTH 8TH STREET SUITE PP4430 MINNEAPOLIS, MN 55404	41-1677920	501(C)(3)	634,125				EXTRAMURAL RESEARCH GRANT
HENRY & STARK COUNTY HEALTH DEPT 4424 US HWY 34 KEWANEE, IL 61443	36-6006568	501(C)(3)	6,375				HPV AND CANCER CTRL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HMONG INSTITUTE INC 6300 N 76TH STREET SUITE 227 MILWAUKEE, WI 53205	82-4232925	501(C)(3)	5,000				EXTRAMURAL RESEARCH GRANT
HOPE & HEROES CHILDRENS CANCER 161 FT WASHINGTON AVE NEW YORK, NY 10032	74-3066193	501(C)(3)	1,273,226				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HOPEHEALTH INC 360 N IRBY ST FLORENCE, SC 29501	57-0984427	501(C)(3)	12,500				TOBACCO CONTROL
HORIZON HEALTH CARE INC 109 N MAIN AVE P O BOX 99 HOWARD, SD 573490099	46-0341255	501(C)(3)	5,000				HPV AND CANCER CTRL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOUSTON METHODIST HOSPITAL RESEARCH INST 6565 FANNIN STREET MG34-024 OFFICE OF GRANTS CONTRACTS HOUSTON, TX 77030	74-1180155	501(C)(3)	670,855				EXTRAMURAL RESEARCH GRANT
HUDSON ALPHA INSTITUTE 601 GENOME WAY HUNTSVILLE, AL 35806	43-2059317	501(C)(3)	20,000				IMPROVE HEALTHCARE SYSTEMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUNTSVILLE HOSPITAL FOUNDATION 801 FLINTON AVE EAST HUNTSVILLE, AL 35801	63-0752604	501(C)(3)	12,000				EXTRAMURAL RESEARCH GRANT
ILLINOIS PUBLIC HEALTH INSTITUTE 310 S PEORIA SUITE 404 CHICAGO, IL 60607	26-2757523	501(C)(3)	7,127				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IMMUNIZE NEVADA 427 RIDGE ST STE C RENO, NV 89501	46-2266350	501(C)(3)	10,000				CANCER CONTROL
INDEPENDENT SECTOR P O BOX 5007 MERRIFILED, VA 221165007	52-1081024	501(C)(3)	17,500				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDIAN HEALTH BOARD OF MINNEAPOLIS INC 1315 EAST 24TH STREET MINNEAPOLIS, MN 55404	41-0977740	501(C)(3)	36,085				CANCER CONTROL
INDIAN HEALTH CENTER OF SCV 1333 MERIDIAN AVE SAN JOSE, CA 95125	94-2476242	501(C)(3)	12,454				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDIANA UNIVERSITY 509 E 3RD ST INDIANAPOLIS, IN 46202	35-6001673	501(C)(3)	1,122,000				RESEARCH AND TOBACCO CTRL
INFIRMARY MEDICAL CLINICS PC ATTN RONNIE HATHORNE P O BOX 2226 MOBILE, AL 36652	63-0985524	501(C)(3)	5,000				TRANSPORTATION ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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JESSIE TRICE COMMUNITY HEALTH 5607 NW 27TH AVE MIAMI, FL 331422826	59-2681559	501(C)(3)	25,000				CANCER CONTROL
JOHNS HOPKINS UNIVERSITY BOA CENTRAL LOCKBOX CHICAGO, IL 60693	52-0591627	501(C)(3)	1,944,000				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KAISER PERMANENTE RESEARCH INSTITUTE 1800 HARRISON ST RM 1600 OAKLAND, CA 94612	94-3635467	501(C)(3)	10,000				HPV AND CANCER CTRL
KEWEENAW BAY INDIAN COMMUNITY 16429 BEARTOWN RD BARAGA, MI 49908	38-1743340	OTHER	23,249				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAKE CHARLES MEMORIAL HOSPITAL 1701 OAK PARK BLVD LAKE CHARLES, LA 70601	72-0551963	501(C)(3)	10,000				CANCER CONTROL
LANCASTER HEALTH CENTER 304N WATER ST LANCASTER, PA 17603	23-2160896	501(C)(3)	12,500				TOBACCO CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEGACY COMMUNITY HEALTH SVCS P O BOX 66308 HOUSTON, TX 772666308	76-0009637	501(C)(3)	25,000				CANCER CONTROL
LINCOLN PRIMARY CARE CENTER 7400 LYNN AVE HAMLIN, WV 25523	55-0552212	501(C)(3)	50,000				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LITTLE RIVER MEDICAL CENTER INC 4303 LIVE OAK DRIVE LITTLE RIVER, SC 29566	57-0672117	501(C)(3)	10,000				HPV AND CANCER CTRL
LONG ISLAND FQHC INC 1600 STEWART AVE WESTBURY, NY 11590	27-0216316	501(C)(3)	18,750				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LONGVIEW WELLNESS CENTER P O BOX 3647 LONGVIEW, TX 75606	75-2723993	501(C)(3)	25,000				CANCER CONTROL
LOYOLA UNIV CHICAGO 820 N MICHIGAN AVE CHICAGO, IL 60611	36-1408475	501(C)(3)	20,000				TOBACCO CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOYOLA UNIVERSITY NEW ORLEANS 6363 ST CHARLES AVE NEW ORLEANS, LA 70118	72-0408946	501(C)(3)	20,000				EXTRAMURAL RESEARCH GRANT
MADISON COUNTY COMMUNITY HLTH CTR 1547 OHIO AVE ANDERSON, IN 46016	35-2098820	501(C)(3)	15,098				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAINE MEDICAL CENTER 81 RESEARCH DRIVE SCARBOROUGH, ME 04074	01-0238552	501(C)(3)	792,000				EXTRAMURAL RESEARCH GRANT
MARILLAC COMMUNITY HEALTH CENTER P O BOX 4148 NEW ORLEANS, LA 701784148	27-3046997	501(C)(3)	62,500				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARIN COMMUNITY CLINICS 9 COMMERCIAL BLVD NOVATO, CA 94949	94-2237120	501(C)(3)	25,000				CANCER CONTROL
MARY BIRD PERKINS CANCER CENTER 4950 ESSEN LANE BATON ROUGE, LA 70809	22-7010520	501(C)(3)	10,000				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARY'S CENTER FOR MATERNAL 2333 ONTARIO RD NW WASHINGTON, DC 20009	52-1594116	501(C)(3)	18,750				CANCER CONTROL
MASS INSTITUTE OF TECHNOLOGY BLDGE E19-750 CAMBRIDGE, MD 02139	04-2103594	501(C)(3)	163,500				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASSACHUSETTS GENERAL HOSPITAL MGH RESEARCH FINANCE BOSTON, MA 02241	04-1564655	501(C)(3)	892,500				EXTRAMURAL RESEARCH GRANT
MAYO CLINIC P O BOX 4008 ROCHESTER, MN 559034008	41-1937751	501(C)(3)	775,000				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEDICAL UNIV OF SOUTH CAROLINA HARBORVIEW TOWERS ROOM 60 19 HAGOOD AVENUE CHARLESTON, SC 29425	57-6000722	501(C)(3)	450,000				EXTRAMURAL RESEARCH GRANT
MEDLINK GEORGIA INC 11 CHARLIE MORRIS RD COLBERT, GA 30628	58-1394645	501(C)(3)	7,500				HPV AND CANCER CTRL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEMORIAL FOUNDATION INC 3329 JOHNSON STREET HOLLYWOOD, FL 33028	59-2082218	501(C)(3)	5,000				EXTRAMURAL RESEARCH GRANT
MEMORIAL HOSPITAL AT GULFPORT 4500 13TH ST P O BOX 1810 GULFPORT, MS 39502	64-6010232	501(C)(3)	10,000				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MERCY FOUNDATION BAKERSFIELD P O BOX 119 BACKERSFIELD, CA 93302	77-0201321	501(C)(3)	7,000				IMPROVE HEALTHCARE SYSTEMS
MERCY FOUNDATION NORTH 2625 EDITH AVE STE E REDDING, CA 96001	94-3136799	501(C)(3)	5,000				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MERCY HOSPITAL OKLAHOMA CITY 4300 W MEMORIAL ROAD OKLAHOMA CITY, OK 73120	46-3184231	501(C)(3)	7,500				CANCER CONTROL
MIAMI BEACH COMMUNITY HEALTH 11645 BISCAYNE BLVD N MIAMI, FL 33181	59-1829984	501(C)(3)	18,644				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILWAUKEE HEALTH SERVICES INC 2555 N MLK JR DR MILWAUKEE, WI 53212	39-1664109	501(C)(3)	18,750				CANCER CONTROL
MILWAUKEE PUBLIC SCHOOLS 5225 W VILET ST ROOM 265 MILWAUKEE, WI 53208	39-6003457	501(C)(3)	8,000				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONTANA PRIMARY CARE ASSOCIATION 1805 EUCLID AVE HELENA, MT 59601	81-0454697	501(C)(3)	7,500				HPV AND CANCER CTRL
MOSAIC MEDICAL 600 SW COLUMBIA SUITE 6250 BEND, OR 97702	93-1329158	501(C)(3)	35,000				COLORECTAL HEALTH AND EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOUNT SINAI SCHOOL OF MEDICINE ONE GUSTAVE L LEVY PL NEW YORK, NY 10029	13-6171197	501(C)(3)	1,862,000				EXTRAMURAL RESEARCH GRANT
MOUNTAINLANDS COMMUNITY HEALTH 589 SOUTH STATE ST PROVO, UT 84606	87-0515716	501(C)(3)	56,800				COLORECTAL HLTH & ED IMPROVE HLTHCR SYS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MULTNOMAH COUNTY HEALTH DEPARTMENT 619 NW 6TH AVE PORTLAND, OR 97204	000000000	501(C)(3)	37,500				COLERECTAL HEALTH AND EDUCATION
MUSLIM COMMUNITY & HEALTH CENTER 803 W LAYTON AVE MILWAUKEE, WI 53221	45-2385629	501(C)(3)	5,000				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL ACADEMY OF SCIENCES 500 FIFTH ST NW WASHINGTON, DC 20001	53-0196932	501(C)(3)	25,000				IMPROVE HEALTHCARE SYSTEMS
NATIONAL CANCER INSTITUTE 9000 ROCKVILLE PIKE BUILDING 31 ROOM 3A19 BETHESDA, MD 20892	000000000	GOVT	111,500				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL COMP CANCER NETWORK 3025 CHEMICAL RD SUITE 100 PLYMOUTH MEETING, PA 19462	23-2818395	501(C)(3)	22,040				CANCER CONTROL
NATIVE AMERICANS FOR COMMUNITY 2717 N STEVES BLVD FLAGSTAFF, AZ 86004	86-0268489	OTHER	49,209				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBORHOOD HEALTHSOURCE 3300 FREEMONT AVE MINNEAPOLIS, MN 55412	41-1235064	501(C)(3)	22,933				CANCER CONTROL
NEW HORIZON FAMILY HEALTH SERVICES P O BOX 28763 GRENVILLE, SC 296020287	57-0932597	501(C)(3)	10,000				HPV AND CANCER CTRL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW YORK MEDICAL COLLEGE 40 SUNSHINE COTTAGE ROAD SKYLINE GN-B24 VALHALLA, NY 105951524	13-1099420	501(C)(3)	30,000				EXTRAMURAL RESEARCH GRANT
NEW YORK UNIV SCHL OF MEDICINE P O BOX 415026 BOSTON, MA 022415026	13-5562309	GOVT	2,005,660				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH BROWARD HOSPITAL DISTRICT 1608 SE 3RD AVE FORT LAUDERDALE, FL 33316	59-6012065	501(C)(3)	5,000				EXTRAMURAL RESEARCH GRANT
NORTH MISSISSIPPI MEDICAL CENTER INC 830 S GLOSTER ST TUPELO, MS 38801	64-0662976	501(C)(3)	5,000				TRANSPORTATION ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH SIDE CHRISTIAN HEALTH CENTER 816 MIDDLE STREET PITTSBURGH, PA 15212	25-1715426	501(C)(3)	15,000				HPV AND CANCER CTRL
NORTHEAST ALABAMA REGIONAL MEDICAL CTR P O BOX 2208 ANNISTON, AL 36202	000000000	501(C)(3)	5,000				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHEAST OHIO NEIGHBORHOOD HEALTH SERVICES 4800 PAYNE AVE CLEVELAND, OH 44103	34-1014291	501(C)(3)	62,500				EXTRAMURAL RESEARCH GRANT
NORTHWESTERN UNIVERSITY 633 CLARK ROOM G547 EVANSTON, IL 60208	36-2167817	501(C)(3)	334,819				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NY CITY HEALTH & HOSPITALS 227 MADISON ST NEW YORK, NY 10002	13-2655001	501(C)(3)	25,000				EXTRAMURAL RESEARCH GRANT
NYU LANGONE HEALTH P O BOX 418910 BOSTON, MA 02241	47-2613531	501(C)(3)	73,000				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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OAKHURST MEDICAL CENTERS INC 5582 MEMORIAL DR STONE MOUNTAIN, GA 30083	58-1413957	501(C)(3)	18,656				CANCER CONTROL
OCHSNER CLINIC FOUNDATION 1514 JEFF HGWY NEW ORLEANS, LA 70121	72-0502505	501(C)(3)	10,000				TRANSPORTATION ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OGDEN REGIONAL MEDICAL CENTER 5475 S 500 E OGDEN, UT 84405	62-1650578	501(C)(3)	5,000				CANCER CONTROL
OH ACADEMY OF FAMILY PHYSICIAN 4075 N HIGH ST COLUMBUS, OH 43214	31-4398155	501(C)(6)	15,000				IMPROVE HEALTHCARE SYSTEM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO STATE UNIVERSITY 1960 KENNY RD COLUMBUS, OH 432101063	31-6401599	501(C)(3)	1,512,603				EXTRAMURAL RESEARCH GRANT
OKLAHOMA CITY INDIAN CLINIC 4913 W RENO AVE OKLAHOMA CITY, OK 73127	73-0955756	501(C)(3)	50,000				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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OREGON HEALTH & SCIENCE UNIV 3181 SW JACKSON PARK RD PORTLAND, OR 97239	93-1176109	GOVT	3,604,300				EXTRAMURAL RESEARCH GRANT
OREGON STATE UNIVERSITY A312 KER ADMIN BUILDING CORVALLIS, OR 973312140	48-1278540	501(C)(3)	777,000				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OUTREACH COMM HEALTH CENTERS 711 W CAPITOL DR MILWAUKEE, WI 53212	39-1353282	501(C)(3)	20,000				CANCER CONTROL
PACIFIC CANCER INSTITUTE LLC 227 MAHALANI STREET WAILUKU, HI 96793	99-0301828	501(C)(3)	5,000				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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PACK HEALTH LLC 110 12TH ST N BIRMINGHAM, AL 35203	46-4018650	OTHER	100,000				RESEARCH AND CANCER CTRL
PATIENT ADVOCATE FOUNDATION 421 BUTLER FARM RD HAMPTON, VA 23666	54-1806317	501(C)(3)	375,000				NCIC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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PEACEHEALTH ST JOHN MEDICAL 1615 DELAWARE ST LONGVIEW, WA 98632	91-1528852	501(C)(3)	5,000				CANCER CONTROL
PENINSULA COMMUNITY HEALTH SVC P O BOX 960 BREMERTON, WA 98337	94-3079770	501(C)(3)	8,195				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PONCE MEDICAL SCHOOL FOUNDATION 388 DR LUIS F SALA ST PONCE, PR 007162347	66-0379122	501(C)(3)	163,500				EXTRAMURAL RESEARCH GRANT
PRESTON TAYLOR COMMUNITY HEALT 725 N PIKE ST GRAFTON, WV 26354	55-0665614	501(C)(3)	5,000				HPV AND CANCER CTRL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRIMARY CARE HEALTH SERVICES 7227 HAMILTON AVE PITTSBURGH, PA 15208	25-1300356	501(C)(3)	18,750				CANCER CONTROL
PRIMARY HEALTH CARE INC 9943 HICKMAN RD URBANDALE, IA 50310	42-1350092	501(C)(3)	39,514				COLORECTAL HEALTH AND EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROGRESSIVE COMM HEALTH CENTER 3225 W LISBON AVE MILWAUKEE, WI 53208	39-1958810	501(C)(3)	25,000				CANCER CONTROL
PUBLIC HEALTH MANAGEMENT CORP LM500 LOWER MEZZANINE PHILADELPHIA, PA 19102	23-7221025	501(C)(3)	25,000				CANCER CONTROL

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RAPHAEL HEALTH CENTER 401 FIFTH AVE STE 1250 SEATTLE, WA 98104	91-6001327	501(C)(3)	22,051				IMPROVE HEALTHCARE SYSTEMS
RED CLIFF HEALTH SERVICES 36745 AIKEN ROAD BAYFIELD, WI 54814	39-1178866	501(C)(3)	49,782				CANCER CONTROL

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REGENESIS HEALTH CARE P O BOX 5158 SPARTANBURG, SC 29304	57-1084051	501(C)(3)	10,000				CANCER CONTROL
REGENTS OF THE UNIV OF CA SAN DIEGO 9500 GILMAN DR LA JOLLA, CA 920930009	95-6006144	501(C)(3)	1,942,558				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGENTS OF THE UNIV OF CA IRVINE CONTRACTS GRANT ACCOUNTING BIOSCI LII SUITE 1400 IRVINE, CA 926971050	95-2226406	501(C)(3)	1,825,000				EXTRAMURAL RESEARCH GRANT
REGENTS OF THE UNIV OF CA SAN FRANCISCO BOX 0962 SUITE 315 3333 CALIFORNIA ST SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	583,500				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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REGENTS OF THE UNIV OF CA UCLA ATTN UCSD CASHIER OFC LA JOLLA, CA 92093	95-6006143	501(C)(3)	1,264,000				TOBACCO CONTROL
REGENTS OF THE UNIV OF MICHIGAN 3003 S STATE ST ANN ARBOR, MI 48109	38-6006309	501(C)(3)	3,181,634				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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REGENTS OF THE UNIV OF MINNESOTA P O BOX 1450 MINNEAPOLIS, MN 55485	41-6007513	501(C)(3)	942,498				EXTRAMURAL RESEARCH GRANT
REGENTS OF UNIV OF CALIFORNIA BERKELEY 10920 WILSHIRE BLVD LOS ANGELES, CA 90024	94-6002123	501(C)(3)	2,967,316				TOBACCO CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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RENAISSANCE CANCER FOUNDATION 2717 MICHAEL ANGELO EDINBURG, TX 78539	26-3342668	501(C)(3)	10,000				EXTRAMURAL RESEARCH GRANT
RESEARCHAMERICA P O BOX 222451 CHANITILLY, VA 201532451	52-1609875	501(C)(3)	10,000				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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RIVERSIDE SAN BERNARDINO CO 11980 MV AVE GRAND TERRACE, CA 92313	95-2846605	501(C)(3)	25,000				CANCER CONTROL
RUTGERS THE STATE UNIVERSITY 120 ALBANY ST TOWER 2 8TH FLOOR 8000B NEW BRUNSWICK, NJ 08903	22-6001086	501(C)(3)	2,391,000				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALK INSTITUTE FOR BIOLOGICAL 10010 NORTH TORREY PINES RD LA JOLLA, CA 920371099	95-2160097	501(C)(3)	111,500				EXTRAMURAL RESEARCH GRANT
SALUD FAMILY HEALTH CENTERS 195 AVIATION WAY WATSONVILLE, CA 95076	94-2705747	501(C)(3)	7,500				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALUD PARA LA GENTE 195 AVIATION WAY SUITE 200 WATSONVILLE, CA 950762059	94-2705747	501(C)(3)	22,371				CANCER CONTROL
SAMUEL U RODGERS HEALTH CENTER 825 EUCLID AVE KANSAS CITY, MO 64124	43-0899356	501(C)(3)	18,750				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN ANTONIO REGIONAL HOSPITAL 99 SAN BERNARDINO RD UPLAND, CA 91786	95-1183919	501(C)(3)	17,800				TRANSPORTATION ASSISTANCE
SAN DIEGO STATE UNIVERSITY RESEARCH FOUNDATION SAND DIEGO, CA 92182	95-6042721	501(C)(3)	792,000				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANDHILLS MEDICAL FOUNDATION INC P O BOX 249 JEFFERSON, SC 297188701	57-0672342	501(C)(3)	10,000				EXTRAMURAL RESEARCH GRANT
SANFORD BURNHAM PREBYS MEDICAL DISCOVERY INSTITUTE 10901 N TORREY PINES RD BLDG 11 LA JOLLA, CA 92037	51-0197108	501(C)(3)	792,000				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCRIPPS RESEARCH INSTITUTE 10550 N TRY PINES RD LA JOLLA, CA 92037	33-0435954	501(C)(3)	236,274				EXTRAMURAL RESEARCH GRANT
SHAWNEE CHRISTIAN HEALTHCARE 234 AMY AVE LOUISVILLE, KY 40212	24-4345390	501(C)(3)	12,500				TOBACCO CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SIMMONS COLLEGE 300 THE FENWAY W-207 BOSTON, MA 021155898	04-2103629	501(C)(3)	20,000				EXTRAMURAL RESEARCH GRANT
SIOUXLAND COMMUNITY HEALTH CTR 1021 NEBRASKA ST SIOUX CITY, IA 51105	42-1374894	501(C)(3)	9,233				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SIXTEENTH STREET COMMUNITY HEALTH CENTERS 1032 S CESAR E CHAVEZ DR MILWAUKEE, WI 53204	39-1180475	501(C)(3)	7,500				CANCER CONTROL
SLOAN - KETTERING INSTITUTE FOR ATTN MSKC FINANCE NEW YORK, NY 10087	13-1924236	501(C)(3)	2,967,832				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOCIETY OF SURGICAL ONCOLOGY 9525 W BRYN MAWR RD SUITE 870 ROSEMONT, IL 600185269	13-6161070	501(C)(3)	30,000				CANCER CONTROL
SOUTH END COMMUNITY HEALTH CENTER 1601 WASHINGTON ST BOSTON, MA 02118	04-2103854	501(C)(3)	21,750				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHBRIDGE MEDICAL ADVISORY 601 NEW CASTLE AVE WILMINGTON, DE 19801	23-7047824	501(C)(3)	13,125				COLERECTAL HEALTH AND EDUCATION
SOUTHSIDE MEDICAL CENTER 1046 RIDGE AVE ATLANTA, GA 30315	58-1131002	501(C)(3)	25,000				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPECTRA HEALTH 212 SOUTH 4TH ST SUITE 200 GRAND FORKS, ND 58201	27-0056777	501(C)(3)	20,000				CANCER CONTROL
ST BERNARDS MEDICAL CENTER 225 E JACKSON JONESBORO, AZ 72401	71-0290019	501(C)(3)	5,000				TRANSPORTATION ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST CHARLES HEALTH SYSTEM P O BOX 5756 BEND, OR 97708	93-0602940	501(C)(3)	8,000				CANCER CONTROL
ST JAMES SANTEE FAMILY HEALTH CTR 1189 TIBWIN RD MCCLELLANVILLE, SC 29458	57-0722653	501(C)(3)	10,000				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JOSEPH HOSPITAL 2700 DOBEER ST EUREKA, CA 95501	94-1156596	501(C)(3)	5,000				EXTRAMURAL RESEARCH GRANT
ST JOSEPHS MEDICAL CENTER 1800 N CALIFORNIA ST STOCKTON, CA 95204	94-1156342	501(C)(3)	5,000				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JUDE CHILDREN'S RESRCH HOSP P O BOX 100 DEPT 949 MEMPHIS, TN 38148	62-0646012	501(C)(3)	32,920				EXTRAMURAL RESEARCH GRANT
ST THOMAS RADIOLOGY ASSOC P O BOX 11839 ST THOMAS, VI 00802	66-0434472	501(C)(3)	10,000				BC SCREENINGS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST VINCENT'S BRUNO CANCER CENTER 1130 22ND ST SOUTH BIRMINGHAM, AL 35205	63-0868066	501(C)(3)	10,500				CANCER CONTROL
STANFORD UNIVERSITY BOX 44253 SAN FRANCISCO, CA 941444253	94-1156365	501(C)(3)	876,326				RESEARCH AND TOBACCO CTRL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STATE UNIVERSITY OF NY STONYBR DEPT OF PREVENTIVE MEDICINE HSC L3-086 STONY BROOK, NY 117948036	14-6013200	501(C)(3)	300,000				EXTRAMURAL RESEARCH GRANT
STORMONT VAIL FOUNDATION 1500 SW 10TH AVE TOPEKA, KS 66604	48-0980926	501(C)(3)	5,000				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STOWERS INSTITUTE FOR MEDICAL RESEARCH 1000 E 50TH STREET KANSAS CITY, MO 64110	20-2993509	501(C)(3)	772,000				EXTRAMURAL RESEARCH GRANT
STRIDES COMMUNITY HEALTH CENTER 2255 S ONEIDA ST DENVER, CO 80224	74-2477108	501(C)(3)	26,250				COLORECTAL HEALTH AND EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUN LIFE FAMILY HEALTH CENTER 865 N ARIZOLA RD CASA GRANDE, AZ 85122	86-0296211	501(C)(3)	12,775				CANCER CONTROL
SUTTER AUBURN FAITH HOSPITAL 11815 EDUCATION ST AUBURN, CA 95602	94-2594966	501(C)(3)	5,000				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TAKECARE INSURANCE COMPANY P O BOX 6578 TAMUNING, GU 96931	000000000	GOVT	10,000				COLORECTAL HEALTH AND EDUCATION
TAMPA FAMILY HEALTH CENTERS 302 WEST FLETCHER AVE TAMPA, FL 33612	59-2420282	501(C)(3)	25,000				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TANDEM HEALTH SC P O BOX 250 SUMTER, SC 291510250	57-1095992	501(C)(3)	10,000				HPV AND CANCER CTRL
TETON CANCER MOUNTAIN VIEW HOSPITAL 1957 E 17TH STREET IDAHO FALLS, ID 83404	82-0516012	501(C)(3)	5,000				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEXAS A & M UNIVERSITY HEALTH SCIENCE CENTER 1266 TAMU COLLEGE STATION, TX 77843	74-2907553	501(C)(3)	15,000				EXTRAMURAL RESEARCH GRANT
TEXAS ASSOCIATION OF COMMUNITY 5900 SOUTHWEST PARKWAY BUILDING 3 AUSTIN, TX 78735	74-2308695	501(C)(3)	71,625				HPV AND CANCER CTRL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEXAS ONCOLOGY FOUNDATION INC 1221 MERIT DR DALLAS, TX 75251	75-2705785	501(C)(3)	5,000				TRANSPORTATION ASSISTANCE
THE CLEVELAND CLINIC FOUNDATIO P O BOX 931531 CLEVELAND, OH 44193	34-0714585	501(C)(3)	756,704				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE EAST ALABAMA HEALTH CARE AUTHORITY 2000 PEPPERELL PARKWAY OPELIKA, AL 36801	27-3711818	501(C)(3)	5,000				CANCER CONTROL
THE FLOATING HOSPITAL INC 41-40 27TH ST LONG ISLAND CITY, NY 11101	13-1624169	501(C)(3)	12,500				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE NEMOURS FOUNDATION 10140 CENTURION PARKWAY NORTH ROOM 3 EAST JACKSONVILLE, FL 32256	59-0634433	501(C)(3)	1,638,000				EXTRAMURAL RESEARCH GRANT
THE PENNSYLVANIA STATE UNIV P O BOX 850 HERSEY, PA 170330850	24-6000376	501(C)(3)	943,500				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE RECTOR & VISITORS OF THE UNIVERITY-VA P O BOX 400195 CHARLOTTESVILLE, VA 22904	54-6001795	501(C)(3)	1,304,330				EXTRAMURAL RESEARCH GRANT
THE RESEARCH INSTITUTE OF FOX CHASE CANCER CTR 333 COTTMAN AVE PHILADELPHIA, PA 19111	23-6296135	501(C)(3)	107,500				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE UNIV OF NC AT CHAPEL HILL 104 AIRPORT DR CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	307,500				EXTRAMURAL RESEARCH GRANT
THE UNIV OF TX HEALTH SCIENCE 7000 FANNIN ST STE 901 HOUSTON, TX 77030	74-6000949	501(C)(3)	787,180				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE UNIVERSITY OF IOWA 5 W JEFFERSON ST IOWA CITY, IA 52242	42-6004224	501(C)(3)	862,000				EXTRAMURAL RESEARCH GRANT
TOBACCO FREE KIDS ACTION FUND 1400 I STREET NW SUITE 1200 WASHINGTON, DC 20005	52-1969967	501(C)(3)	150,000				TOBACCO CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOURO INFIRMARY FOUNDATION 1401 FOUCHER STREET NEW ORLEANS, LA 70115	72-0423659	501(C)(3)	5,000				EXTRAMURAL RESEARCH GRANT
TRENTON MEDICAL CENTER INC 23343 NW CNTY RD 236 HIGH SPG, FL 32643	59-2871302	501(C)(3)	25,000				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRIAGE CANCER 6348 N MILWAUKEE AVE 136 CHICAGO, IL 60646	45-5132661	501(C)(3)	60,000				CANCER CONTROL
TRUSTEES OF BOSTON UNIV BUMC 25 BUICK ST BOSTON, MA 02215	04-2103547	501(C)(3)	540,842				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRUSTEES OF PRINCETON UNIV 701 CARNEIGE CENTER STE 436 PRINCETON, NJ 08544	21-0634501	501(C)(3)	400,000				EXTRAMURAL RESEARCH GRANT
TRUSTEES OF THE UNIV OF PENN P221 FRANKLIN BLDG PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	1,665,486				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRUSTEES OF TUFTS UNIVERSITY 75 KNEELAND ST BOSTON, MA 02111	04-2103634	501(C)(3)	865,844				EXTRAMURAL RESEARCH GRANT
TUG RIVER HEALTH ASSOCIATION P O BOX 507 GARY, WV 24836	31-0889458	501(C)(3)	25,000				COLORECTAL HEALTH AND EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TULSA COMMUNITY FOUNDATION 7030 S YALE AVE 600 TULSA, OK 74136	73-1554474	501(C)(3)	5,000				EXTRAMURAL RESEARCH GRANT
TYLER FAMILY CIRCLE OF CARE 523 S FANNIN AVE TYLER, TX 75702	45-2578435	501(C)(3)	18,750				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
U OF TX MD ANDERSON CANCER CTR 1515 HOLCOMBE BLVD HOUSTON, TX 77030	74-6001118	501(C)(3)	2,184,476				EXTRAMURAL RESEARCH GRANT
UC IRVINE FAMILY HEALTH CENTER-SANTA ANA THE REGENTS OF THE UNIVERSITY OF CALIFORNIA IRVINE 120 THEORY STUIE IRVINE, CA 92697	95-2226406	501(C)(3)	28,000				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UCHEALTH NORTHERN COLORADO FOUNDATION 2315 E HARMONY RD STE 200 FORT COLLINS, CO 80528	74-1894581	501(C)(3)	7,500				EXTRAMURAL RESEARCH GRANT
UNITED FAMILY MEDICINE 1026 W 7TH ST SAINT PAUL, MN 55102	27-0052697	501(C)(3)	18,750				COLORECTAL AND CANCER CTRL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED NEIGHBORHOOD HEALTH SER 2711 FOSTER AVE NASHVILLE, TN 37210	62-1032792	501(C)(3)	16,319				CANCER CONTROL
UNIV OF COLORADO DENVER GRANTS CONTRACTS P O BOX 910238 DENVER, CO 802910238	18-4064688	501(C)(3)	2,291,906				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIV OF MASSACHUSETTS BOSTON QUINN ADMINISTRATION BLDG 2-80 100 MORRISSEY BLVD BOSTON, MA 021253393	000000000	501(C)(3)	30,000				EXTRAMURAL RESEARCH GRANT
UNIV OF NEBRASKA MEDICAL CENTER 985100 NEBRASKA MEDICAL CENTER OMAHA, NE 681985100	47-4049123	501(C)(3)	792,000				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIV OF SOUTHERN CALIFORNIA 3500 S FIGUEROA ST STE 102 LOS ANGELES, CA 900898001	95-1642394	501(C)(3)	633,820				EXTRAMURAL RESEARCH GRANT
UNIV OF SOUTHERN MISSISSIPPI 118 COLLEGE DRIVE 5122 HATTIESBURG, MS 39406	64-6000818	501(C)(3)	5,000				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY AT ALBANY 1 UNIVERSITY PL RENSSELAER, NY 12144	16-1514621	501(C)(3)	5,000				TOBACCO CONTROL
UNIVERSITY COMMUNITY HEALTH SE 601 BENTON AVE NASHVILLE, TN 372042303	62-1438461	501(C)(3)	25,000				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ALABAMA 152 ROSE ADMIN TUSCALOOSA, AL 35487	63-6001138	501(C)(3)	5,000				EXTRAMURAL RESEARCH GRANT
UNIVERSITY OF ALABAMA BIRMING 619 19TH ST S BIRMINGHAM, AL 352940109	63-0649108	501(C)(3)	430,000				TRANS ASSIST IMPROVE HLTHCR SYS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ARIZONA P O BOX 3520 TUCSON, AZ 857223520	74-2652689	GOVT	231,332				EXTRAMURAL RESEARCH GRANT
UNIVERSITY OF CINCINNATI CASHIERS OFF DEPT A CINCINNATI, OH 45221	31-6000989	501(C)(3)	1,509,828				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF FLORIDA 123 TIGERT HALL GAINESVILLE, FL 32611	59-6002052	501(C)(3)	8,500				EXTRAMURAL RESEARCH GRANT
UNIVERSITY OF GEORGIA 3210 EAST CAMPUS RD ATHENS, GA 30602	58-6001998	501(C)(3)	6,250				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ILLINOIS 1901 S FIRST ST CHAMPAIGNE, IL 61820	37-6006004	501(C)(3)	847,625				EXTRAMURAL RESEARCH GRANT
UNIVERSITY OF ILLINOIS CHICAG GRANTS CONTRACTS CHICAGO, IL 60673	37-6000061	501(C)(6)	18,288				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF KANSAS HEALTH SYSTEM ST FRANCIS CAMPUS 1700 SW 7TH ST TOPEKA, KS 66606	82-2033863	501(C)(3)	5,000				EXTRAMURAL RESEARCH GRANT
UNIVERSITY OF KENTUCKY 1540 UNIVERSITY DRIVE LEXINGTON, KY 40506	61-6001218	501(C)(3)	1,048,652				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF LOUISVILLE 2301 S THIRD LOUISVILLE, KY 40292	61-1029626	501(C)(3)	40,000				EXTRAMURAL RESEARCH GRANT
UNIVERSITY OF MARYLAND BALTIMORE P O BOX 41428 BALTIMORE, MD 212036428	31-1678679	501(C)(3)	163,500				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MASSACHUSETTS 55 LAKE AVENUE NORTH WORCESTER, MA 01655	04-6014838	501(C)(3)	1,747,500				EXTRAMURAL RESEARCH GRANT
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL 55 LAKES AVENUE NORTH SUITE S1-859 WORCESTER, MA 016550002	04-3167352	501(C)(3)	15,000				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MIAMI 1311 MILLER RD CORAL GABLES, FL 33146	59-0624458	501(C)(3)	714,000				EXTRAMURAL RESEARCH GRANT
UNIVERSITY OF MISSISSIPPI 113 FALKNER UNIVERSITY, MS 38677	64-6001159	501(C)(3)	12,188				TOBACCO CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NORTH DAKOTA MEDICAL 264 CENTENNIAL DR GRAND FORKS, ND 58202	45-6002491	501(C)(3)	9,962				COLORECTAL HEALTH AND EDUCATION
UNIVERSITY OF NOTRE DAME 836 GRACE HALL NORTRE DAME, IN 465565612	35-0868188	501(C)(3)	853,080				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF OKLAHOMA OFFICE OF RESEARCH SVCS 201 STEPHENSON PKWY FIVE PARTNERS PLACE NORMAN, OK 730199705	73-1377584	501(C)(3)	799,500				EXTRAMURAL RESEARCH GRANT
UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER P O BOX 26901 SCB 228 OKLAHOMA CITY, OK 73190	73-1563627	501(C)(3)	270,000				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF PITTSBURGH CNTRLR RSCH ACCT PITTSBURGH, PA 15251	25-0965591	501(C)(3)	1,823,000				EXTRAMURAL RESEARCH GRANT
UNIVERSITY OF ROCHESTER 175 CORPORATE WOODS ROCHESTER, NY 14623	16-0743209	501(C)(3)	187,500				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF SOUTH ALABAMA 307 N UNIVERSITY BLVD AD 362 MOBILE, AL 36688	63-0477348	501(C)(3)	5,000				EXTRAMURAL RESEARCH GRANT
UNIVERSITY OF SOUTH CAROLINA 1600 HAMPTON ST ROOM 612 COLUMBIA, SC 29208	000000000	501(C)(3)	792,000				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TENNESSEE KNOXVILLE 1534 WHITE AVENUE KNOXVILLE, TN 37996	62-6001636	501(C)(3)	168,500				EXTRAMURAL RESEARCH GRANT
UNIVERSITY OF UTAH 302 PARK BLDG SALT LAKE CITY, UT 84112	23-7112869	501(C)(3)	1,581,000				RESEARCH AND TOBACCO CTRL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF VIRGINIA 1001 N EMMET ST CHARLOTTESVILLE, VA 22903	54-6001796	501(C)(3)	12,500				EXTRAMURAL RESEARCH GRANT
UNIVERSITY OF WASHINGTON 12455 COLLECTIONS DR CHICAGO, IL 60693	91-6001537	501(C)(3)	664,000				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WISCONSIN 1848 UNIVERSITY AVE MADISON, WI 53726	39-6006492	501(C)(3)	5,000				BREAST EDUCATION AND HEALTH
UT SOUTHWESTERN MEDICAL CENTER P O BOX 841753 DALLAS, TX 752841753	75-6042147	501(C)(3)	1,834,000				COLORECTAL HEALTH AND EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VALLEY CANCER ASSOCIATES 1719 TREASURE HILLS BLVD HARLINGEN, TX 78550	000000000	OTHER	5,000				TRANSPORTATION ASSISTANCE
VALLEY VIEW HEALTH CENTERS 227 VALLEYVIEW DR WAVERLY, OH 45690	31-1072406	501(C)(3)	25,000				COLORECTAL HEALTH AND EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VANDERBILT UNIV MEDICAL CENTER P O BOX 121717 DALLAS, TX 75312	35-2528741	501(C)(3)	1,732,789				EXTRAMURAL RESEARCH GRANT
VANDERBILT UNIVERSITY 2301 VANDERBILT PL NASHVILLE, TN 37240	62-0476822	501(C)(3)	1,516,000				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VENICE FAMILY CLINIC 2509 PICO BLVD SANTA MONICA, CA 90405	95-2769432	501(C)(3)	18,750				CANCER CONTROL
VIRGINIA COMMONWEALTH UNIV P O BOX 843039 RICHMOND, VA 232843039	54-6001758	501(C)(3)	1,569,250				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAKE FOREST UNIV HEALTH SCIENCE FINANCIAL SERVICES MEDICAL CENTER BLVD WINSTON SALEM, NC 27157	22-3849199	501(C)(3)	1,574,000				EXTRAMURAL RESEARCH GRANT
WASHINGTON UNIVERSITY 700 ROSEDALE AVE ST LOUIS, MO 63112	43-6401888	501(C)(3)	1,760,664				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WATSON CLINIC FOUNDATION INC 2901 WEST MEMORIAL BLVD LAKELAND, FL 33815	59-1100876	501(C)(3)	5,000				EXTRAMURAL RESEARCH GRANT
WATTS HEALTHCARE CORP 10300 COMPTON AVE LOS ANGELES, CA 90002	75-3046480	501(C)(3)	25,000				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WELLNESS PLAN MEDICAL CENTERS 7700 SECOND AVE DETROIT, MI 48202	27-3971570	501(C)(3)	25,000				CANCER CONTROL
WESLEY COMMUNITY CENTER INC 1300 S 10TH ST PHOENIX, AZ 85034	86-0133770	501(C)(3)	25,000				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST CLINIC PCWEST CANCER CENTER 7945 WOLF RIVER BLVD GERMANTOWN, TN 38138	62-1526296	501(C)(3)	7,500				CANCER CONTROL
WESTERN WAYNE FAMILY HEALTH 26650 EUREKA RD CENTERS TAYLOR, MI 48180	30-0281587	501(C)(3)	18,750				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILLIS KNIGHTON HEALTH SYSTEM 2600 KINGS HIGHWAY SHREVEPORT, LA 71103	72-0400933	501(C)(3)	5,000				TRANSPORTATION ASSISTANCE
WISTAR INSTITUTE 3451 WALNUT ST PHILADELPHIA, PA 19104	23-6434390	501(C)(3)	400,000				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YALE UNIVERSITY P O BOX 208327 NEW HAVEN, CT 065081873	06-0646973	501(C)(3)	191,500				EXTRAMURAL RESEARCH GRANT
ZETA PHI BETA SORORITY INC 1734 NEW HAMPSHIRE AVE NW WASHINGTON, DC 20009	59-6178352	501(C)(3)	10,000				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACS CANCER ACTION NETWORK 555 11TH STREET NW WASHINGTON, DC 20004	52-1240031	501(C)(3)	29,902,718				PROGRAM SUPPORT
ACS PUERTO RICO 566 CALLE CABO HERMOGENES ALVERIO HATO REY, PR 00918	66-0321594	501(C)(3)	23,082				PROGRAM SUPPORT

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization AMERICAN CANCER SOCIETY INC		Employer identification number 13-1788491

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?		2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a	Yes
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

[illegible]

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINES 4A-B	SUSAN G HERRINGTON: OTHER REPORTABLE COMPENSATION OF \$203,316 (PART II, LINE 7B(III)) INCLUDES A SEVERANCE PAYMENT OF \$200,075. HERRINGTON RETIRED FROM THE SOCIETY IN 2019 AFTER SERVING THE SOCIETY IN A VARIETY OF PROFESSIONAL STAFF ROLES FOR OVER 30 YEARS. RETIREMENT AND OTHER DEFERRED COMPENSATION OF \$618,242 (PART II, LINE 7C) INCLUDES THE FINAL CHANGE IN THE ACTUARIAL VALUE OF QUALIFIED RETIREMENT BENEFITS OF \$577,455. ROBERT L CRUTCHFIELD: OTHER REPORTABLE COMPENSATION OF \$120,365 (PART II, LINE 3B(III)) INCLUDES A RELOCATION EXPENSE OF \$117,722. SCHEDULE J, PART I, LINE 4B THE FILING ORGANIZATION MAINTAINS A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP"), 457(B), AND 457(F) PLANS AS PART OF THE TOTAL COMPENSATION ARRANGEMENTS FOR CERTAIN EXECUTIVES. THE SERP IS DESIGNED TO RESTORE CERTAIN BENEFITS THAT ARE LOST AS A RESULT OF TAX RESTRICTIONS ON BENEFITS PAYABLE FROM THE TAX-QUALIFIED DEFINED BENEFIT RETIREMENT PLAN. THE ORGANIZATION RESTORES MATCHING CONTRIBUTION BENEFITS THAT ARE LOST AS A RESULT OF TAX RESTRICTIONS ON THE FILING ORGANIZATION'S 403(B) PLAN IN THE 457(B) AND 457(F) PLANS. AS PART OF THE COMPENSATION COMMITTEE (THE "COMMITTEE") RESPONSIBILITIES, THE COMMITTEE CONSIDERS THE NEW AND TOTAL VALUES OF ALL SERP AND 457(F) BENEFITS AS PART OF THE TOTAL COMPENSATION FOR EACH PARTICIPATING EXECUTIVE. THE COMMITTEE PROCESS IS FULLY DESCRIBED IN SCHEDULE O AS RELATED TO PART IV, LINE 15. THE SERP PLAN WAS FROZEN IN 2016, AND AS A RESULT PAYMENTS ARE NOW MADE ONLY AFTER RETIREMENT RATHER THAN IN INCREMENTAL AMOUNTS DURING THE EXECUTIVE'S SERVICE.
SCHEDULE J, PART II, COLUMN C	INCLUDES DEFERRED COMPENSATION RELATED TO THE ANNUAL CHANGE IN ACTUARIAL VALUE OF A QUALIFIED DEFINED BENEFIT RETIREMENT PLAN AND A NON-QUALIFIED SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN. THE CHANGE IS CAUSED BY CHANGES IN ACTUARIAL ASSUMPTIONS, WHICH ARE REQUIRED TO BE USED TO VALUE THE BENEFITS. PRIOR TO ACTUAL RETIREMENT, THESE ACTUARIAL (ESTIMATED) VALUES CAN INCREASE OR DECREASE FROM YEAR TO YEAR DEPENDING ON WHETHER CERTAIN ASSUMPTIONS INCREASE OR DECREASE.

Additional Data

Software ID:
Software Version:
EIN: 13-1788491
Name: AMERICAN CANCER SOCIETY INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1GARY M REEDY CHIEF EXECUTIVE OFFICER	(i)	705,950	184,988	46,540	61,261	1,371	1,000,110	0
	(ii)	64,177	16,817	4,231	5,569	125	90,919	0
1SUSAN G HERRINGTON EVP, ENTERPRISE GOV. & CORP. SVCS	(i)	211,040	31,957	203,317	618,242	7,514	1,072,070	0
	(ii)	0	0	0	0	0	0	0
2SHARON BYERS CHIEF DEVELOPMENT & MARKETING OFCR	(i)	544,872	113,050	63,031	44,953	868	766,774	0
	(ii)	0	0	0	0	0	0	0
3CATHERINE E MICKLE CHIEF ADMINISTRATIVE OFFICER	(i)	444,541	84,121	16,940	256,583	12,306	814,491	0
	(ii)	7,288	1,379	278	4,206	202	13,353	0
4JUNG H KIM EVP, NORTHEAST REGION	(i)	363,901	67,610	10,161	274,397	3,064	719,133	0
	(ii)	0	0	0	0	0	0	0
5MICHAEL L NEAL SENIOR EVP, FIELD OPERATIONS	(i)	402,947	73,388	13,597	200,503	14,406	704,841	0
	(ii)	0	0	0	0	0	0	0
6RICHARD C WENDER CHIEF CANCER CONTROL OFFICER	(i)	457,111	73,082	21,013	40,992	14,408	606,606	0
	(ii)	0	0	0	0	0	0	0
7ROBERT L CRUTCHFIELD MANAGING DIR., BRIGHTEDGE VENTURES	(i)	376,047	71,250	120,365	19,220	12,437	599,319	0
	(ii)	0	0	0	0	0	0	0
8ROBERT M KING CFO, OUTGOING	(i)	297,295	63,206	19,398	66,517	5,631	452,047	0
	(ii)	37,837	8,044	2,469	8,466	717	57,533	0
9LEONARD LICHTENFELD DEPUTY CHIEF MEDICAL OFFICER	(i)	368,153	11,404	9,020	52,682	506	441,765	0
	(ii)	0	0	0	0	0	0	0
10JEFF D KLAAS EVP, WEST REGION	(i)	341,958	43,550	527	20,742	629	407,406	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
►Attach to Form 990.
►Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
AMERICAN CANCER SOCIETY INC

Employer identification number
13-1788491

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		27,176,483	COST/SELLING PRICE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	236	1,911,038	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>WIGS</u>)	X	8,796	6,709,878	COST/SELLING PRICE
26 Other ► (<u>GUEST ROOMS</u>)	X	57,504	5,766,775	COST/SELLING PRICE
27 Other ► (<u>HOPE LODGE</u>)	X	361	1,404,646	COST/SELLING PRICE
28 Other ► (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

30a

Yes

No

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31

Yes

No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

Yes

No

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 51227J

Schedule M (Form 990) (2019)

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B):	THE AMOUNT IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization
AMERICAN CANCER SOCIETY INC

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

13-1788491

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	PROCESS USED TO REVIEW THE FORM 990 MANAGEMENT, IN CONJUNCTION WITH AN INDEPENDENT ACCOUNTING FIRM, PREPARES AND REVIEWS THE FORM 990. THE DRAFT FORM 990 IS THEN PROVIDED TO THE BOARD OF DIRECTORS' FINANCE COMMITTEE; AND THE CFO CONDUCTS A DETAILED REVIEW OF THE FORM 990 WITH THE COMMITTEE MEMBERS. AN ELECTRONIC (OR HARD) COPY OF THE FORM 990 IS PROVIDED TO EACH MEMBER OF THE BOARD OF DIRECTORS PRIOR TO THE FORM BEING FILED WITH THE IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>MONITORING AND ENFORCEMENT OF COMPLIANCE WITH CONFLICT OF INTEREST POLICY THE AMERICAN CANCER SOCIETY, INC. MAINTAINS A WRITTEN CONFLICT OF INTEREST (COI) POLICY, WHICH IS REVIEWED BY MANAGEMENT AND THE BOARD OF DIRECTORS' AUDIT COMMITTEE AT LEAST ANNUALLY AND MODIFIED AS REQUIRED. THE BOARD OF DIRECTORS, OFFICERS, KEY EMPLOYEES, AND ALL OTHER EMPLOYEES OF THE ORGANIZATION ARE REQUIRED TO CERTIFY ANNUALLY THAT THEY HAVE READ AND UNDERSTAND THE COI POLICY AND SUBMIT A WRITTEN QUESTIONNAIRE EACH YEAR DISCLOSING ANY KNOWN CONFLICTS. THE CHAIR OF THE BOARD OF DIRECTORS' AUDIT COMMITTEE RECEIVES AND REVIEWS THE DIRECTORS' QUESTIONNAIRES. EMPLOYEE RESPONSES TO THE QUESTIONNAIRES ARE REVIEWED BY MANAGEMENT. MANAGEMENT ALSO MONITORS ALL TRANSACTIONS DURING THE NORMAL COURSE OF BUSINESS TO IDENTIFY OTHER POTENTIAL CONFLICTS. ON A QUARTERLY BASIS, AND UPON NOTICE OF A CONFLICT DISCLOSURE, THE BOARD OF DIRECTORS' AUDIT COMMITTEE REVIEWS POTENTIAL CONFLICTS TO DETERMINE WHETHER ANY ACTUAL CONFLICTS EXIST. INDIVIDUALS WHO BELIEVE THEY ARE IN A POTENTIAL CONFLICT ARE REQUIRED TO RECUSE THEMSELVES FROM THE DELIBERATION AND DECISION-MAKING PROCESS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>COMPENSATION REVIEW PROCESS THE AMERICAN CANCER SOCIETY, INC. USES AN INDEPENDENT COMPENSATION COMMITTEE ('THE COMMITTEE'), ADVISED BY AN INDEPENDENT COMPENSATION CONSULTANT, TO DETERMINE COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER ('CEO') AND ALL DISQUALIFIED PERSONS (DEFINED BELOW), WHICH INCLUDES OTHER OFFICERS AND ALL KEY EMPLOYEES. THE COMMITTEE DISCHARGES THE DUTY OF THE BOARD OF DIRECTORS (THE 'BOARD') IN FULFILLING THE BOARD'S OVERSIGHT RESPONSIBILITIES FOR DETERMINING THE ADEQUACY AND REASONABLENESS OF THE COMPENSATION AND BENEFITS PAID TO THE CEO. THIS COMMITTEE FULFILLS THE SAME RESPONSIBILITIES REGARDING OTHER EMPLOYEES OR INDIVIDUALS ASSOCIATED WITH THE AMERICAN CANCER SOCIETY WHO THE COMMITTEE DETERMINES TO BE OR TO HAVE BEEN AT ANY TIME DURING THE PRECEDING FIVE YEARS IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER THE AFFAIRS OF THE AMERICAN CANCER SOCIETY WITHIN THE MEANING OF SECTION 4958 OF THE INTERNAL REVENUE CODE AND THE REGULATIONS PROMULGATED THEREUNDER ('DISQUALIFIED PERSONS'). THE COMMITTEE OPERATES UNDER A CHARTER, WHICH PROVIDES THAT IN THE DISCHARGE OF ITS DUTIES THE COMMITTEE WILL: (A) CONDUCT AN ANNUAL REVIEW (INCLUDING SOLICITING BOARD OF DIRECTOR INPUT) OF AND COMMENT ON THE CEO'S PERFORMANCE AGAINST DEFINED GOALS; (B) REVIEW ANNUALLY THE CEO'S COMPENSATION AND BENEFITS IN RELATION TO THE MARKETPLACE AND RELEVANT INDEPENDENT DATA; (C) REVISE, IF NECESSARY, THE CEO'S PERFORMANCE GOALS; (D) DECIDE ON ANY CHANGES IN THE CEO'S COMPENSATION AND/OR BENEFITS (INCLUDING RETIREMENT BENEFITS OR ISSUES RELATING TO RETIREMENT) OR IN HIS OR HER EMPLOYMENT AGREEMENT; (E) ESTABLISH THE CEO'S ANNUAL INCENTIVE PLAN GOALS, DETERMINE THE MEASURES OF PERFORMANCE FOR EACH GOAL, AND DETERMINE WHAT INCENTIVE PLAN AWARD, IF ANY, IS PAYABLE EACH YEAR; (F) IDENTIFY THE FILING ORGANIZATION'S OTHER DISQUALIFIED PERSONS AND ANNUALLY REPORT ON THE IDENTITY OF THOSE PERSONS TO THE BOARD; (G) REVIEW, COMMENT ON, AND APPROVE OR SEEK CLARIFICATION ON THE RECOMMENDATIONS OF THE CEO ON THE TERMS OF EMPLOYMENT AND RANGE OF COMPENSATION, WHICH INCLUDES SALARY RANGE AND BENEFITS, OF ALL DISQUALIFIED PERSONS (IN ADDITION TO THE CEO) AFTER DETERMINING THAT SUCH TERMS ARE REASONABLE; (H) REVIEW, COMMENT ON, APPROVE OR SEEK CLARIFICATION ON THE SEVERANCE AND/OR RETENTION ARRANGEMENTS FOR ANY DISQUALIFIED PERSON; (I) APPROVE PARTICIPATION IN AND PAYOUT POTENTIAL FOR ANY DISQUALIFIED EXECUTIVE INCENTIVE PLAN; (J) CONSIDER ALL BENEFITS PROVIDED BY THE AMERICAN CANCER SOCIETY TO THE CEO AND OTHER DISQUALIFIED PERSONS WHEN DETERMINING THE REASONABLENESS OF THE COMPENSATION AND BENEFITS; (K) DETERMINE WHETHER THE AMERICAN CANCER SOCIETY'S COMPENSATION AND BENEFIT PLANS ARE APPROPRIATE RELATIVE TO THE MARKETPLACE FOR THE SKILLS EMPLOYED, BASED ADDITIONALLY ON RELEVANT INDEPENDENT DATA, AND IF NOT, MAKE APPROPRIATE RECOMMENDATIONS TO THE TERMS ARE REASONABLE; (L) REPORT ITS ACTIVITIES AND DECISIONS TO THE BOARD AT LEAST ANNUALLY.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 18	PROCESS FOR MAKING DOCUMENTS AVAILABLE TO THE PUBLIC THE FILING ORGANIZATION'S FORM 990 AND 990-T (WHICH CAN BE FOUND IN THE FINANCIAL INFORMATION SECTION) ARE MADE AVAILABLE TO THE GENERAL PUBLIC BY POSTING TO ITS WEB SITE AT WWW.CANCER.ORG.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY & FIN STMTS TO GEN PUBLIC THE AMERICAN CANCER SOCIETY, INC. TAKES ITS MISSION TO SAVE LIVES SERIOUSLY AND THEREFORE WORKS TO ENSURE THAT THE RESOURCES ENTRUSTED TO IT BY THE PUBLIC ARE USED TO FULFILL OUR MISSION AND ARE OTHERWISE PROTECTED. THE AMERICAN CANCER SOCIETY'S ORGANIZATIONAL GOVERNANCE STRUCTURE AND SYSTEM DEPLOY THE PROPER CHECKS AND BALANCES, INCORPORATE THE INPUT OF APPROPRIATE EXPERTS ON DECISION MAKING, AND ASSERT DISCIPLINE OF STRATEGIC OVERSIGHT OVER BOTH THE OPERATIONS AND THE CONDUCT OF EMPLOYEES. THE FILING ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY (WHICH CAN BE FOUND IN THE GOVERNANCE PRACTICES SECTION), AND CONSOLIDATED AUDITED FINANCIAL STATEMENTS (WHICH CAN BE FOUND IN THE FINANCIAL INFORMATION SECTION) ARE MADE AVAILABLE TO THE GENERAL PUBLIC BY POSTING TO ITS WEBSITE AT WWW.CANCER.ORG .

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 33,540,828. NET CHANGE IN PENSION LIABILITY -48,244,515.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
AMERICAN CANCER SOCIETY INC

Employer identification number
13-1788491

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.							
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
(1) ACS BRIGHTEDGE VENTURE LLC 250 WILLIAMS ST NW STE 4B ATLANTA, GA 30303 82-2597570	INVESTING	DE	7,283,099	30,460,765	ACS INC		
Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)ACS CANCER ACTION NETWORK INC 555 11TH STREET NW WASHINGTON, DC 20004 52-1240031	ELIMINATE CANCER	DC	501(C)(4)		ACS INC	Yes	
(2)ACS DEVELOPMENT I INC 250 WILLIAMS ST NW STE 400 ATLANTA, GA 30303 46-5439010	SUPPORT ACS	GA	501(C)(3)	LINE 12A, I	ACS INC	Yes	
(3)ACS CAPITAL INC 250 WILLIAMS ST NW STE 400 ATLANTA, GA 30303 46-5429467	SUPPORT ACS	GA	501(C)(3)	LINE 12A, I	ACS CAN		No
(4)ACS PRODUCTS INC 250 WILLIAMS ST NW STE 400 ATLANTA, GA 30303 02-0651055	SUPPORT ACS	GA	501(C)(3)	LINE 12A, I	ACS INC	Yes	
(5)AMERICAN CANCER SOCIETY INC PUERTO RICO 566 CALLE CABO HERMOGENES ALVERIO HATO REY, PR 00918 66-0321594	ELIMINATE CANCER	PR	501(C)(3)	LINE 7	ACS INC	Yes	
(6)THE JOSEPH AND JAEANETTE M SILBER FDTN 4900 TIEDEMAN RD OH-01-49-015 BROOKLAND, OH 44144 34-1363915	ELIMINATE CANCER	OH	501(C)(3)	LINE 12D, III-O	N/A		No
(7)ACS DEVELOPMENT COMPANY II INC 250 WILLIAMS ST NW STE 400 ATLANTA, GA 30303 82-1993189	SUPPORT ACS	GA	501(C)(3)	LINE 12A, I	ACS INC	Yes	

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ISRAEL FAMILY HOLDINGS LLC 340 S LEMON AVENUE 2625 WALNUT, CA 91789 81-4706366	SUPPORT ACS	DE	N/A	RELATED		978,219		No			No	99.000 %
(2) THE BROWER-IADONE FAMILY LLC 2360 CLAUDIA STREET CORONA, CA 92882 47-3426422	SUPPORT ACS	DE	N/A	RELATED		1,018,021		No			No	99.000 %

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

No

No

No

No

No

No

Yes

Yes

Yes

Yes

Yes

Yes

No

Yes

No

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2019

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 13-1788491
Name: AMERICAN CANCER SOCIETY INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
CHARITABLE REMAINDER ANNUITY TRUSTS (25)	SUPPORT ACS	NY	N/A	T					No
CHARITABLE REMAINDER UNITRUSTS (93)	SUPPORT ACS	NY	N/A	T					No
DISCRETIONARY TRUSTS (13)	SUPPORT ACS	NY	N/A	T					No
NET INC PRINCIPAL INVASION REMAINDER (116)	SUPPORT ACS	NY	N/A	T					No
NET INCOME REMAINDER TRUSTS (49)	SUPPORT ACS	NY	N/A	T					No
PERPETUAL TRUSTS (75)	SUPPORT ACS	NY	N/A	T					No
REVOCABLE LIVING TRUSTS (48)	SUPPORT ACS	NY	N/A	T					No
CHARITABLE LEAD ANNUITY TRUSTS (2)	SUPPORT ACS	NY	N/A	T					No
COMBINATION TRUSTS (6)	SUPPORT ACS	NY	N/A	T					No

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
ACS CANCER ACTION NETWORK INC	J	113,048	FMV
ACS CANCER ACTION NETWORK INC	L	78,006	FMV
ACS CANCER ACTION NETWORK INC	Q	18,045,506	FMV
ACS CANCER ACTION NETWORK INC	B	29,902,718	FMV
ACS DEVELOPMENT COMPANY I INC	Q	98,072	FMV
ACS DEVELOPMENT COMPANY I INC	K	102,500	FMV
ACS DEVELOPMENT COMPANY II INC	Q	169,795	FMV
ACS PRODUCTS INC	Q	4,510,720	FMV
AMERICAN CANCER SOCIETY INC PUERTO RICO	Q	3,395,633	FMV
AMERICAN CANCER SOCIETY INC PUERTO RICO	B	23,082	FMV
THE JOSEPH AND JEANETTE SILBER FOUNDATION	C	200,000	FMV